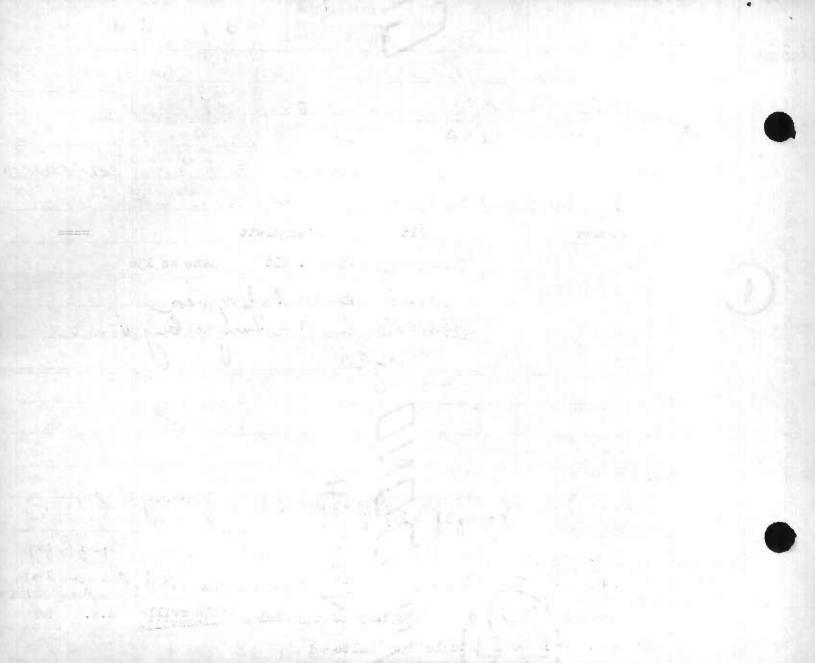
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO T. DECEASED NAME 20. DATE KNOWN 2h HOUR THE ORPHINT) OF ESTI-108 DATE OF BIRTH DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 1634 DEAD 25 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Mary Land ANNE ARUNDEL U.S.A. DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Self - Employed HOSPITAL Refrigeratio 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO IV Dumm 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANIDDLE MIDDLE LAST FIRST FIRST Clark Adams Gladys Martin 0. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-16-1050 Same as 13e Margaret M. Adams 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (et APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SIX BALLMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Inspection DO ond in my opinion Notural couses death resulted from: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 695 America Ct. Dav'ville, Md 23d LOCATION Md Woodlawn Burial Woodlawn Cemetery 07/84 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto Md **DHMH - 17** Julia Dandon-Ka (VR A15 ME (5))

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STATE OF MARYLAND

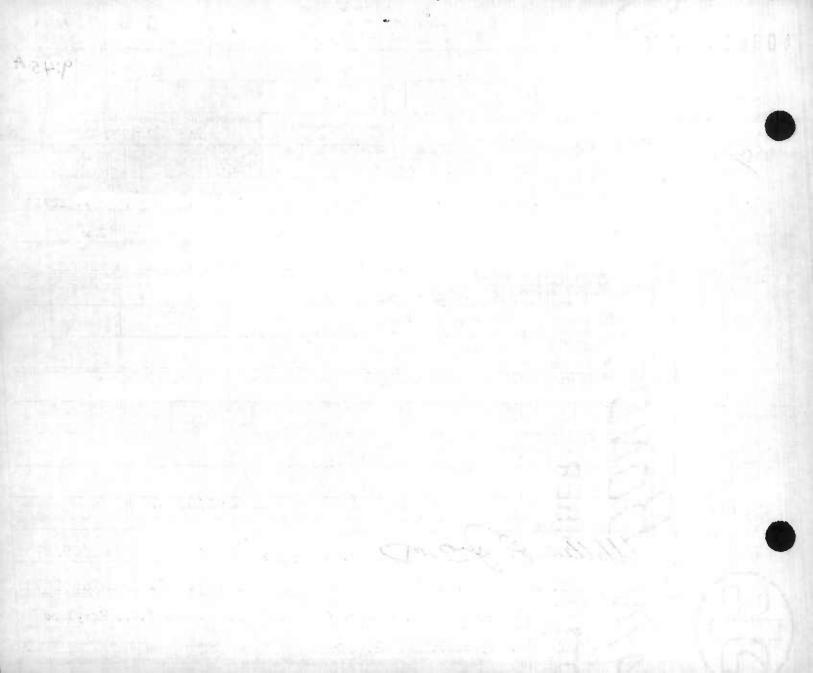
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	226. SIGNATURE  226. PHYSICIAN'S NAME (19PE	P John /	M.D. ATTENDIN PHYSICIA  770 ADDRESS	MEDICAL STAFF	01/06/87
	William P.	Jones, M.D.	4837 Sol	omons Isl. Rd.	Lothian 2071:
	230 BURIAL, CREMATION, REMOVAL BULLIA		73. NAME OF CEMETERY OR CREMATO Ft. Lincoln Cemete	CITY OF TOWN	G., Maryland

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IMPORTANT: If Hem 21 is morked or Hem, 18 shaws any

4739 Baltimore Ave., Hyattsville, Md. 20781

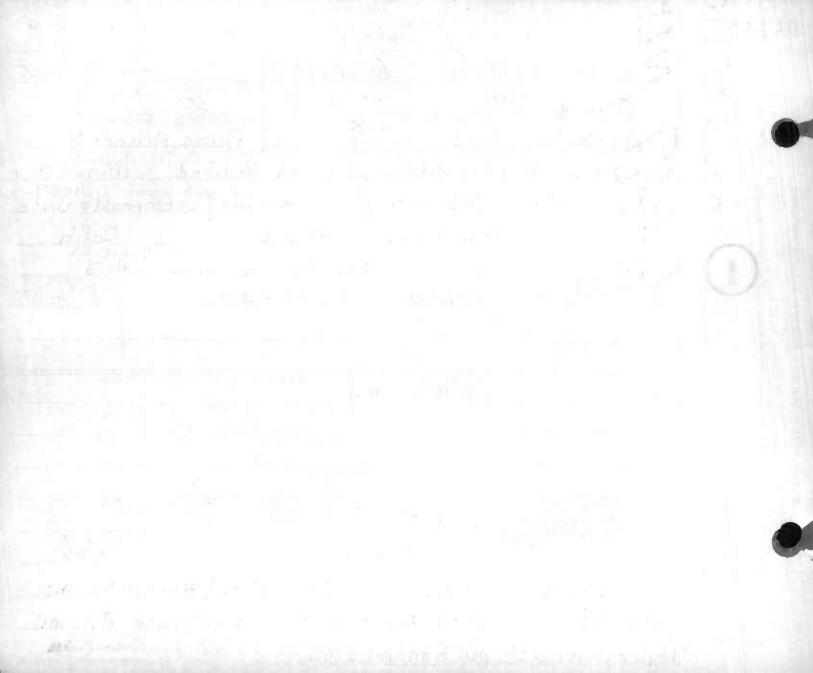
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	1		STATE OF MARYLAND
	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TTE porto		sow the deceased alive on	ond that in (my) our) opinion death occurred on the date and hour and from the causes stated
OR to how		UN SIGNATURE	DEGREE 22c. DATE SIGNED
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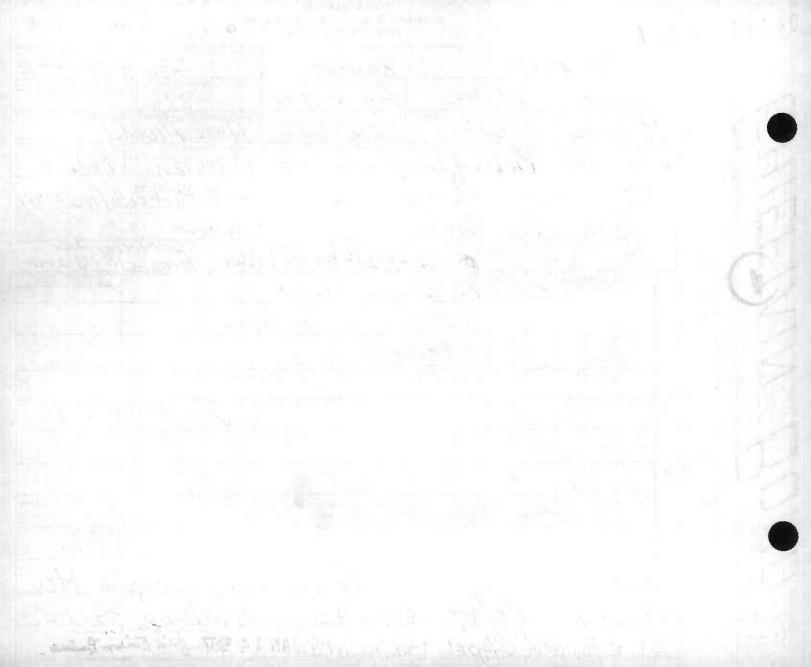
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30	a page		PART 2. OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NOT RELATE	D TO THE TERMI	NAL DISEASE OR CO	INDITION GIVE	V IN PART 10	a.
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	ВР		(SPECIFY) Burial	Jan 21	, 1987 Gle	en Haven Me	emorial I	K. Glen B	urnie A	A A Co	. Md.
	DHMH - 16 60M 7	/B4	24 FUNERAL DIRECTOR	M911.	ADDRESS		250 DATE	REC'D. BY REGISTRA	AR 25b. REGISTRA	R'S SIGNAT	URE
	(VRA 15, 4)		Singleton Fur	neral Home	The same of the sa	ie, Maryla	and !	JAN 2019	187 4:		m. Prodatk

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				STATE OF MARYLAND		0.0
041118 JAN	19-	FOR STATE REGISTRAR	DEPARTM	SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0108
nay be page 3		CEASED NAME FIRST OR PRINT)	Ta MIDDLE	Bender	20. DATE OF DEATH MONTH	H 1982 Color
meder, pe	3. SE	temale	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)  PROPERTY OF THE PROPERTY OF TH	IF UNDER TYEAR IF UNDER 24 HRS
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201 the fire fleed and	E	agewater &	PERSON IN SUCH FACILITY, GIVE STREET A	9 Convelexent Ctr	12 USHAL OCCUPATION (Type of work for most of working L	126. KIND OF BUSINESS OR INDIOSTRY
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LTIMORE To Poper The meeding	180	(IF YES, GIVE V	- 05926	4772 Peter Sch	ilder Annap	olis, Md. 21401
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: [axch.]	Lose Learnit		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the death central and physician. Wher this certificate has been signed by the ottending as the burial-transit permit. Then please remove corporate and Mental Hygiene prior to burial, cremation, or imported or them 18 shows any injury, or other traumatic.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) A FIET ID  DUE TO, OR AS A CANSEQUE  (c)	sclenke LN 15	Isne	
RDS, 201 equires the signed Then plec	NO	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 110
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ATTEND spital a spita		22a   certify that (I) (this haspital saw the deceased alive on abave, (I) (we) (did) (did nativ	12/17 19 7		death accurred an the date and ha	, 19, that (I) (we) last ui and fram the causes stoted
bed #		22b. SIGNATURE A. B.	Lei	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
O HOSPITAL TO FUNERAL should be det with the State		ROBERT S	ILRN	FRANKLIN.	St. ANUA	polis MD.
BP	VK	SPECIFY)	23b. DATE /87 C8	DIAR HILL	SUITHAWD	P.G. Mostate
DHMH - 16 60M 7/84 (VRA 15, 4)	1/	When THUERD	CHANE LADDRESS	UNAPOLIS MOJAN	1 4 1987 Julia D	TRAR'S SIGNATURE



## DEPARTMENT OF HEALTH AND MENTAL HYGIENE O FOR CT7- STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME TYPE OF PRINTI Moutrose Mongul 3. SEX 6. AGE LIN YEARS LAST BIRTHDAY - 04ª East Indian 26 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNEARUNDEL GUVANA, S. AM ERIC WIDOWED X DIVORCED [ IN CITY OR TOWN OF DEATH NURSING HOME OF OTHER INSTITUTION Conv.Ctr EACHIEF PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 1136 COUNTY GAMBRILL 12 WINTERHAVEN 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE RRAYA SGGBRAJEC 918 Wiffterhaven Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) John B. Ganci Gambrills. MD NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUE DIVISION OF VITAL RECORDS, 201 W. underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 70s. AUTOPSYT 206 JF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT s the burial-transit p 216. TIME OF INJURY 21 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED TIL LOCATION 21e PLACE OF INJURY rked or CITY OF TOWN LAT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE amun 220.1 certify that (1) this haspital) attended the deceased from and on the date and hour and from the causes stated above, (1) (did nat) view the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS d b

JAN 13,1987 Metropolitan Crematory Alexandria, Fairfax, BP Cremation Fairfax, Virginia 24 FUNERAL DIRECTOR Keet Illas 16000 Annapolis Road Aulia Davidson Randale Beall Funeral Home Bowie, MD 20715-3043 (VRA 15, 4)

236 NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

26 HOUR

126. KIND OF BUSINESS OR

CIVILSERVICE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HR HOURS

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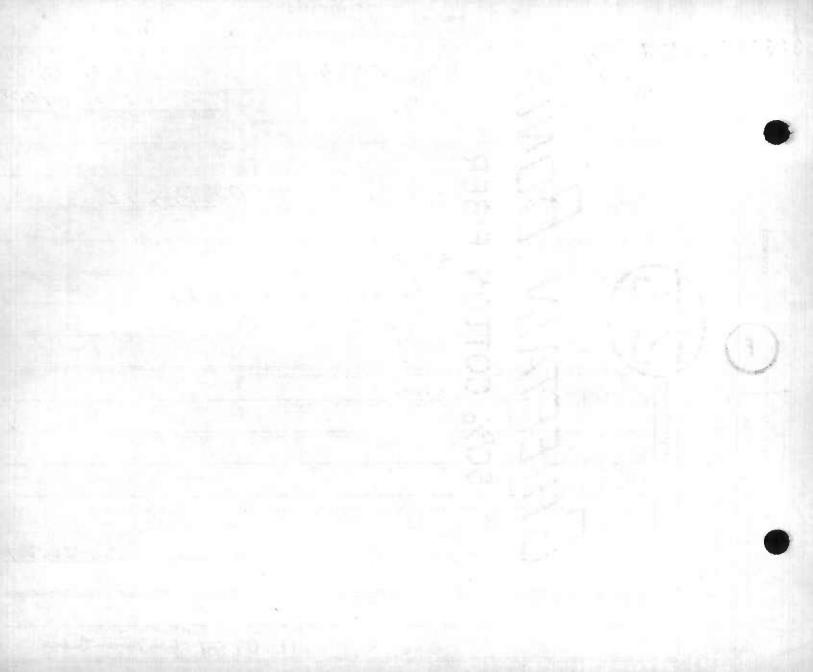
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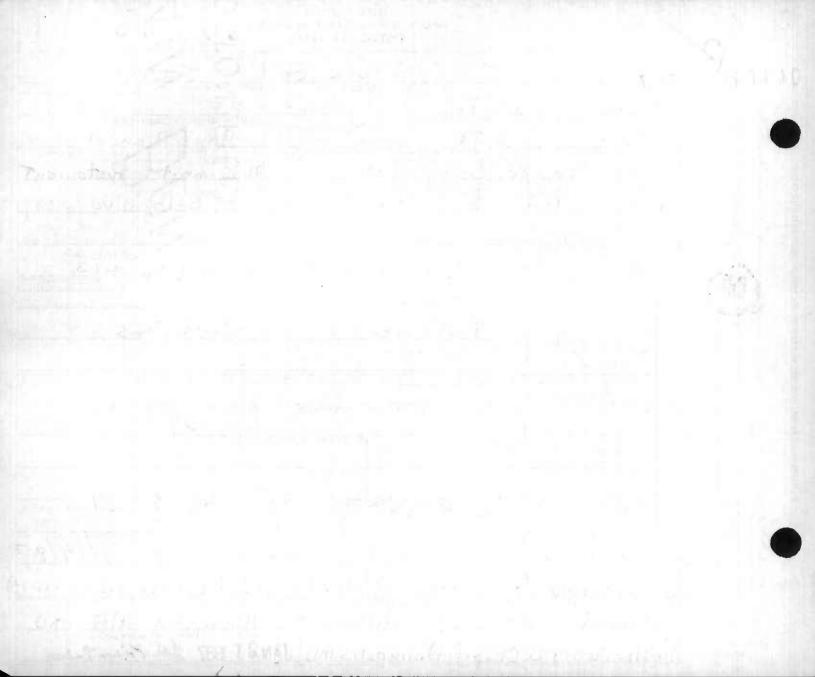
23a. BURIAL, CREMATION, REMOVAL

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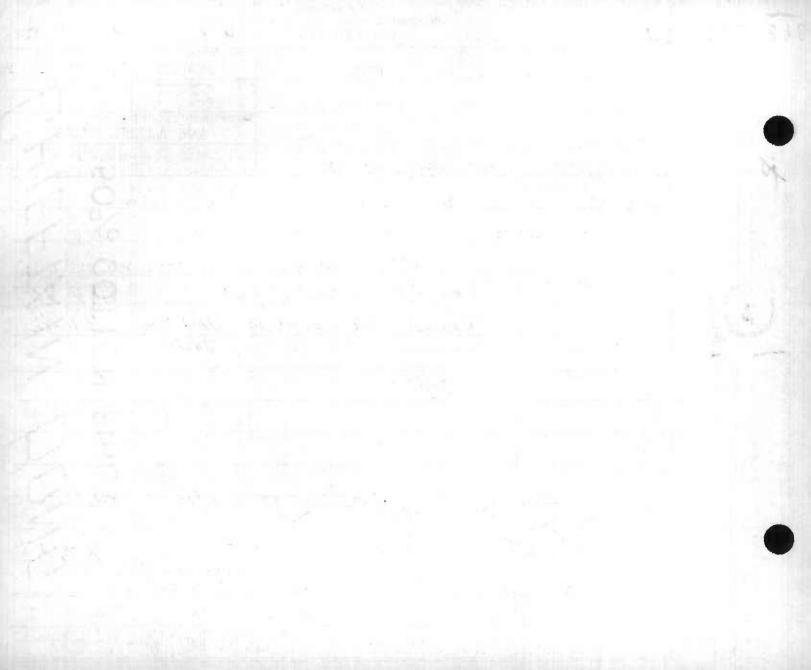
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-	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS I'M REGION STREET,		IRTHPLACE (ST.	ATE OR		WHAT COUNTRY?			9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
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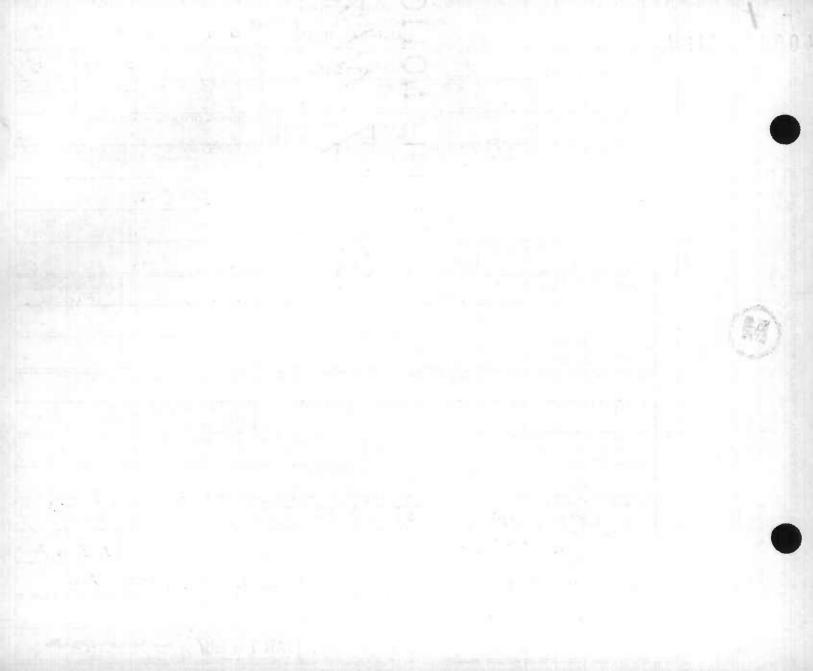
	1			STATE OF MARYLAND		
	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 7	00111
12	I DE	REGISTRAR CEASED NAME FIRST	WIDDLE	TAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 120 78		OR PRINT)	T	Bonini Sr	-	18.1987
4 TO KAI JAN	5-66	N/	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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400		unkn	MIDDLE LAS		unknown	LAST
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and	NO.	Ahemi				
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京		27h SIGNATURE	O D	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED
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5 5 5 5 3 4	23a	URIAL, CREMATION, REMOVAL	236 DATE	13c. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	C COLLEGE TO THE COLL
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(VRA 15, 4)	10	ylortunero	il Chapel- F	Innapolis, MU J	AN 21 1987 Julia	Dindon Radall



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142471 FEB-		FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. NO	001	EST
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bod et d	3. SE		I. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT	THOAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 ector ars off		Male	White	Jani	uary 30, 1927	59	YRS MONTHS DAYS	HOURS MIN.
d 9134	7a. B	IRTHPLACE (STATE OR FOREIGN	L CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED		R COUNTY OF DEATH	
to the second		Maryland	USA	WIDOWE		ANNE	ARUNDEL COUR	NTY MD.
~! 11/2/	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		OF BUSINESS OR
5 0 6		GLEN BURNIE	NORTH ARU		SPITAL	Maintenand	ce Ame	tek
bou hou		AL RESIDENCE (IF NURSING HOME OR ) STATE 136 COUN		BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
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O R P P P			MED FORCES? 16b SOCIAL WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRE	SS	
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VITA Nysicio Core Core Onsit Hygie	1 18	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURRE			NO L
Phy		OR CONTRIBUTING CAUSE OF DEAL	HOUR A.M. MONTH	DAY YEAR				
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TTEN ortol for u		saw the deceased alive on obove, (1) (we (did) (and not	1/27	_ 07 /	nd that in (my) (ov) apinion de	eath occurred an the do	ate and have and fram the	
OR ATT or hospit DIRECTO orhed for Dept. of f trem 21		22h SIGNATURE	View the bady after death	1	DEGREE		22c. DA) E	SIGNED
the Date of the Da		88V0+	al Sm	151	ATTENDING.	MEDICAL STAF	IAND 1/2	7/87
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0 4 0 4 3 X	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	24 4 47 6 2 0 0 1	
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR			•	REC'D. BY REGISTRAR		
(VRA 15, 4)		James S. Kirk	ley, Glen Bur	nie, MD	JA	N 3 0 1987	Julia Devider	. Kandara



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Softh Soft			(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY
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E of g	13a S	AL RESIDENCE (IF NURSING HOME OF		OR TOWN	1136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	7IP CODE	
	M		rundel			305 Saunder	s Way	21061
2	14. FA	THER'S NAME			15. MOTHER'S MAIDEN N			
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dice dice			VE WAR OR DATES	AL SECURITY NO.	17 INFORMANT	ADDRE	22	
Pog.		No	578-	-60-5843	Mr. Lynn Bo	yer - Same a	is #13	
ol.		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a)	1, (b), and (c).				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
4000		PART I. DEATH WAS CAUSE	D BY:	tastati	i Breast	· Cancer		7 4101
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age of the color		220.1 certify that (1) Ithis hosp	ital) attended the deceased	from	19 0	U 10 1/6	, 19,	b , that (1) we)!
2552		sow the deceased alive or	1/8	19 8	nd that in my (our) opinion	n death occurred on the do	te and hour or	nd from the couses stated
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S 48 W	23a. f	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY			
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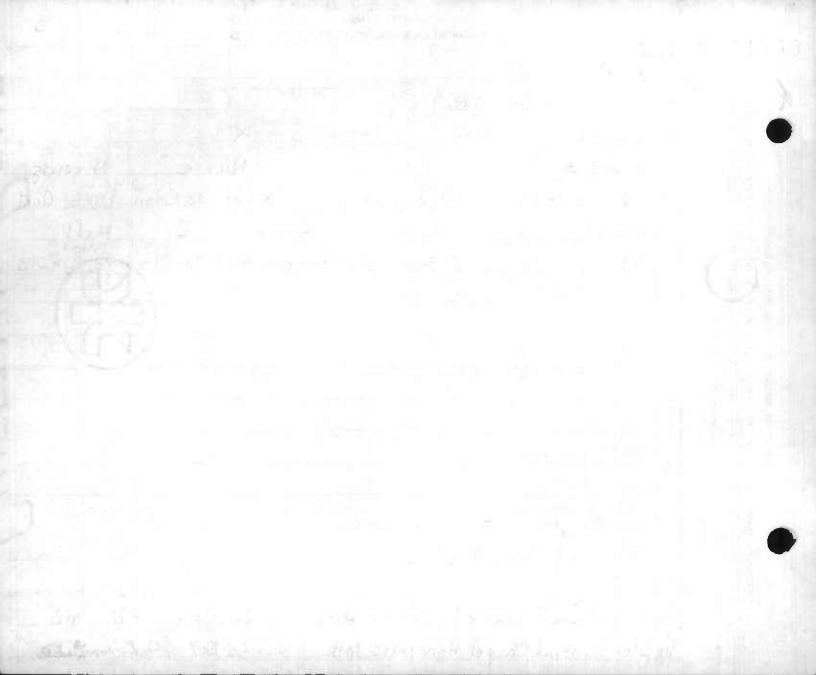
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been been prior		CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED
The formal rection.		TIF		ALEXA DILETA			YES NO	YES [	G CAUSES OF DEATH?
Z Sy Do A	1 1		210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I	OR PART 2)
≥ 70 ° 0 ≥ 5		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION			
ING PH r offer the os the lith and		ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC )	STREET	CITY OR TO	VN .	COUNTY STATE
2 - Se			22a.1 certify that (1) (this hasp	ital) attended the deceased fro	m Decem	ber 28 , 19 86	_ to January	2 19	87 that (I) (we) los
R ATTEND hospital a RECTOR: A red for use pt. of Heal	4		saw the deceased alive on above, (1) (we) (did) (did no	thugy 11 view the body ofter death.	9_ <b>87</b> _, on	d that in (my) (our) apinion d	leath occurred on the do	te and haur an	d from the couses stated
A H By de		m	274 SIGHTURED	700-	[	DEGREE	200		221 DATE SIGNED
그는 그들을 그			yell b.	alle	M	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	1/2/87
HOS uned FUN Suld b			Joel B. K	Jein		2525 RIVE	Road An	napolis	MD 21401
of of short with		23o B	URIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF CI	METERY OR CREMATORY	23d LOCATION	#	
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× pe	de o		Lilli	an Roach	-Fox- B	roderick		January 28,	1987	5:28 M	
e G	lid be filed within 72 hours often.	3. SE	X	4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
96			Female		White		ust 20, 1898	88 yr		MODES MIN.	
h. Po		7a. B	IRTHPLACE (STATE OF FOREIG	76 CITIZEN	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH		
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to the second			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
and and and	Then p no bury.	NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	0	
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The line		RTIF					Sedential Control	YES NO NO	RTIFYING CAUSES	OF DEATH?	
Z P			21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	TWEET -	
200		MEDICAL	(IF EITHER NOTIFY MEDICAL EXA	MINER	P.M.	19					
F 5 4		MED	21d INJURY OCCURRED  WHILE NOT WHILE	TAT HOME	STREET, FACTORY, O	FFICE, FARM ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
Afres of			AT WORK				9/100 01	1/2	0 09		
OR SELECTION			22a I certify that (I) (this haspital) attended the deceased from 19 , 19 , ta 19 , that (I) (we) last sow the deceased alive an 19 , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated								
A Die Co			abave, (I) (we) (djdT) did nat) view the boyly after death								
At 0		1	ATTENDING MEDICAL STAFF 1/28/ +7								
SA PA			22d PHYSICIAN'S NAME (17PE ORPRINT) 220 ADDRESS 7575 Refelice Huy								
FO HC	10 4 M		Max Frank, M.D. Arundel Medical Group, Glen Burnie, MD								
BP		23a. E	SURIAL, CREMATION, REMO		1 1007		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
		24 FI	Burial JNERAL DIRECTOR	Juan. 3	1,1987	rieadowr	ridge Mem. Par	rk Elkridge EREC'D. BY REGISTRAR 25h REG	Howard	MD	
	6 60M 7/84		James S. K	inklay G	Jon Pur	RESS MD		3 0 1987 Aug	L Deviden - K	Indaes	
(*****		-	valles 5. V	ITKIEY, C	ileli bur	me, m	L.!A.N	100 190/	n Elminer No. W		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MONTH 20. DATE KNOWN YEAR 7h HOUR OF ESTI-DEATH MATED WITHIN 72 HOURS Marquette Lee Brown 7 1987 FUNERAL DIRECTOR 5 FOR YOUR FILES 4. RACE MÖNTH 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE DAY VEAR PRONOUNCED 11:46 DEAD 1987 To BIRTHPLACE WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 5 FOR MARRIED NEVER MARRIED FOREIGN COUNTRY) Danuland WIDOWED DIVORCED Anne Arundel County, 18 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) RETAIN PA Lot#38 Colonial Manor Court ursing BALTIMORE, MD. 21201 13a STATE 13d INSIDE CITY LIMITS? CITY OR TOWN 13e STREET ADDRESS YES NO X B 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST RUIS 16 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMAN' ADDRESS (YES, NO JOR UNKNOWN) (IF YES, GIVE WAR OR DATES enwood 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alcoholism DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO ED AS A HEALTH CERTIFICATION USED AS E 3 SHOULE 2 DEPARTMENT OF THE THE TO BURIAL. 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 5 SHO AFTER DEATH, WITH THE STATE DEPART BALTIMORE, MARYLAND, 21201 PRIOR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes K death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M Deputy ChiefMEDICALEXAMINER 1/10/87 SIGNATURE EXAMINER'S NAME 111 Penn St. Balto.MD. Ann M. Dixon, M.D. TYPE OR PRINT ADDRESS. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY 07/B4 BP 25M **DHMH** - 17 (VR A15 ME (5))

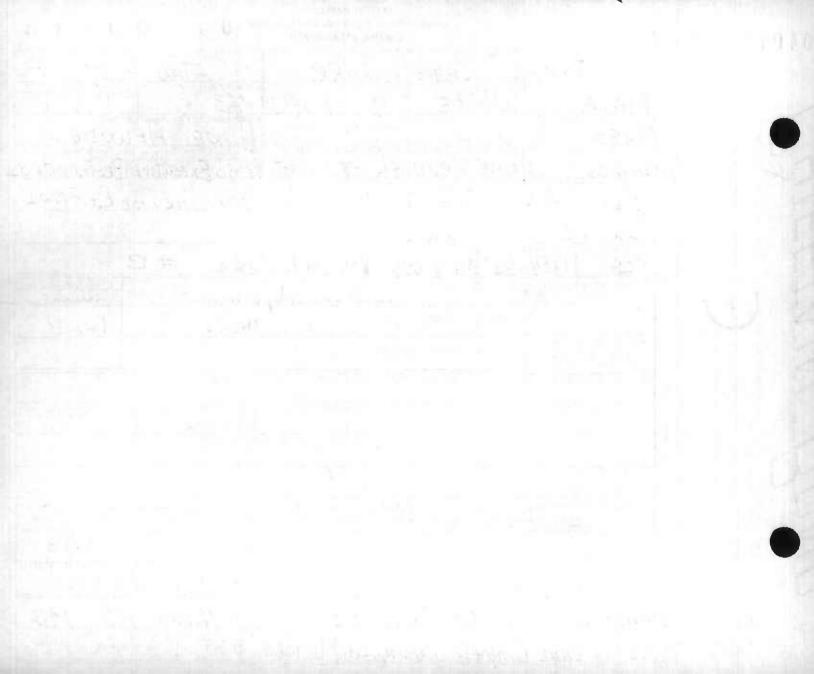


	1	FOR STATE		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE	0 1	1/		
		REGISTRAR			REG. NO.	0 .					
JAN	LIDE	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR				
			DELINE M. BURN				Jan. 21,1987				
	3 SE	x Female	White 5. DATE				6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.		
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8			y 16,1906	80 YRS				
35		COUNTRY				D NEVER MARRIED	BALTIMORE CITY OR COUN	IT OF DEATH			
		Maryland ITY OR TOWN OF DEATH	U . S		WIDOWE G HOME C	DROTHER INSTITUTION	Anne Arundel Co. MD  126 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
2		Pasadena	" NO 844 20 Bay EDrive				Operator	LIFE) INDUSTRY	ohone C		
5 6	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE			
			.A.	Pasader	na	YES NO	8442 Bay Drive (21122)				
16	14. FA	THER'S NAME FIRST John	Model Wolfrüm			IS MOTHER'S MAIDEN NAM		Finn'	.51		
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS		T 3 1 3 2		
1		No	212-03-6648			George A. Graham, 1002 Hartmont Rd. (21228)					
		18 CAUSE OF DEATH (Enter only one cause per line to a), (b) and k PARTI. DEATH WAS CAUSED BY:									
		IMMEDIATE CAUSE (a) 11 Meeulo TI Meela (16)									
	10,	DUE TO, OR AS A CONSEQUENCE OF									
	13	Canditians, if any, which gave rise to immediate									
)	H	couse (a), stating the underlying cause last (c) DUE TO, OR ASIA CONSEQUENCE OF ASIA C									
1	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI TIFYING CAUSES YES []			
0	S.	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ER) P.M. 19			216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)					
7	CAL	LIFEITHER NOTIFY MEDICAL EXAMINE									
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY REET FACTORY, OFFICE, F	ARM EIC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		220 L certify that (1) (this hosp		e deceased from_		. 19	, to	. 19	that (1) (we) last		
		saw the deceased alive an									
		226. SIGNATURE	eld /	1. Wex	elex	ATTENDING PHYSICIAN •	MEDICAL STAFF DIRECTOR PHYSICIAN		22/'87		
1		224 PHYSICIAN'S NAME (TYPE			11	226 ADDRESS					
		Donald H.	Hislop	o, M.D.		31 Robin	son Road, Sev	erna Pk.	,MD		
		BURIAL, CREMATION, REMOVAL  (SPECIFY)  Burial	236. DATE 1/24/]			Park Cemeter	y Baltimore	, Maryla	and STATE		
/B4	24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR IN REGIS										
04	George J. Gonce, 4001 Ritchie Hg., Baltimore, MD AN 27 33										

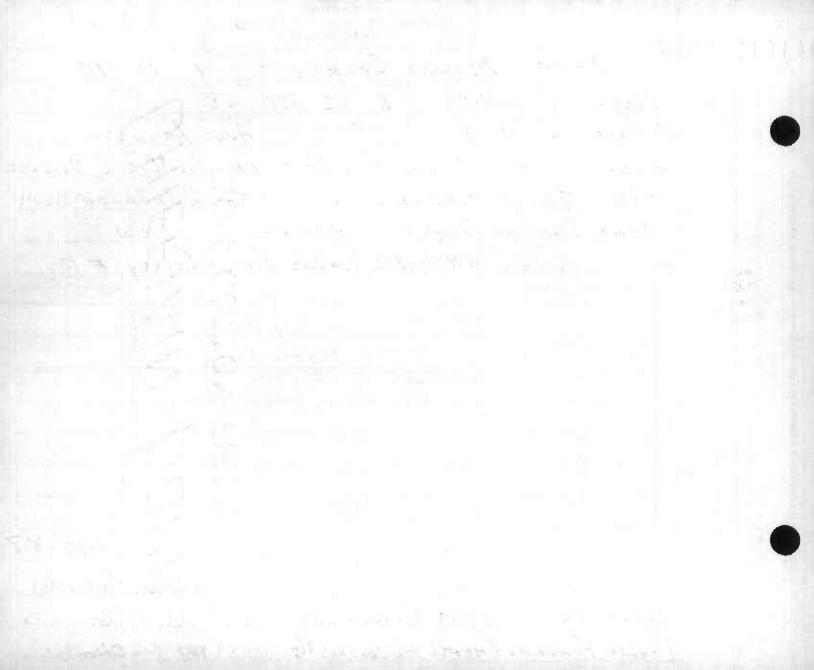
DHMH - 16 60M 7/84 (VRA 15, 4)



	1			STATE OF MARYLAND		
40149 JAN -	-518	FOR 7 STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7	00118
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pog de de	3. SE		ACE I	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER THEAR IF UNDER 24 HRS
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5 10 5 5 S	1)	UNApolis F	NNE HEUND	EL GEN. HOST.	RADIO EXECUT	IVE BEOAXCHSTER
ND 212	13a	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE A	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP (	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN. The law requires that the death smillicate be executed within 24 rottending physician.  The this certificate has been signed by the anti-order pricipin and completely filled as the buriol-transfer permit. Then please mitter are all appears 1 and 2 should then the Wisial-transfer prior to buriot, crematical mitternation.	14. E	ATHER'S NAME		15. MOTHER'S MAIDEN N.	111111111111	LAST
RE, M	( 16n )	WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRESS	
IIMOR		YES, NO OR UNKNOWN) (IF YES, GIVE WA		MARION K. C	A .	13
BA.		CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B	ne cause per line for (a), (b), and Y:	less p	115.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RES norte		Conditions, if ony, which gove rise to immediate	(b)	Depend rent	achers	1 ments
W. by		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	ICE OF		
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bs, a	Z	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110
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NG Notes of the orke		AT WORK		11 71		77
NS OF OF SE		220.1 certify that (I) (this hospital)	ottended the deceased from 19	, 19 00	to	, 19 <u>0</u> , that (I) (wa) last
CTO CTO d for n 21		saw the deceased alive on obove, (1) (w <del>al/dd</del> ) (did not) vi	ew the body after death.		death occurred on the date and	d hour and from the causes stated
OR DIRE		27h SIGNATURE	) /	DEGREE	A MEDICAL STAFF	220 DATE SIGNED
		Herenz &	Mures	M ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/6/8)
HOSPITAL ined by the FUNERAL uld be det in the Stote		226. PHYSICIAN'S NAME (TYPE OR PRI	NI)	22e ADDRESS	111.01. 1.000.	SEVERIVI MIK
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5 5 5 4 3 <b>3</b>	239	BURIAL, CREMATION, REMOVAL 2		ME OF CEMETERY OR CREMATORY	23d LOCATION	000 1100
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	NIL 1 ADDRES	25a. DA	TE REC'D. BY REGISTRAR 25 RE	GISTRAR'S SIGNATURE
(VRA 15, 4)	IA.	ABRTUN Enal 1	HARREL HUN	Manchis I D. JAI	N 5 1987	a Dividson-Randales



	1.	FOR STATE	DEPARTM	STATE OF MARTLAND  SENT OF HEALTH AND MENTAL HYG  CERTIFICATE OF DEATH	SIENE 8 7 0	0 1 1 9
1613 JAN 22		CEASED NAME PIRST	MILLIS	COCKSU	REG. NO.	DAY YEAR 26 HOUR
ge 4 moy ector. pog	3. SE		WHITE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS WONTHS DAYS HOURS MIN.
death. Po	70. B	CAROLINA	76. CITIZEN OF WHAT COUNTRY?  U.S./7.  11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED  WIDOWED DIVORCED  DIVORCED	AUNE ARUN	DSL MD.
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that the deather that the orther days the otte dain ease remove carboil, cremation, or it other troumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	Cordige	Ivany Ducit	
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TAL OR PARAL DIRE RAL DIRE detoche fore Dep		226. SIGNATURE  LOLA  226. PHYSICIAN'S NAME (TYPE O	U Groff	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	1-12-87
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State	230	1 .	formfield, MD		Soloagan TS/2	5-m021401
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					STATE OF MARYLAND		
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1/			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	Y YEAR 26. HOUR
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воу	boo	3. SE		4. RACE	S. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
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ė ,	the state of the s		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
3	1513	An	napolis	Anne Arundel Gen	eral Hospital	Social Security	Government
Nou hou	5 a a	USU 13a	AL RESIDENCE (IE NURSING HOA	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD OUNTY 136. CITY OR TOWN	mission) 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
24 24	Page 3			ne Arundel Arnold	YES NOTE	388 Sherman Ave	./21012
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3 7	1000		George	E. Cogswell	Catherine	WIDDLE	LAST
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of of of	F % 3 3	23o. l	URIAL, CREMATION, REMO		ME OF CEMETERY OR CREMATORY	23d LOCATION	
ВР	)		SPECIFY Burial	1 - 7 - 87 Gle	n Haven Cemetery	Glen Burnie, A.	A., MD STATE
DHAL	H - 16 60M 7/84	24 F	INERARUBERT S.	BARRANCO	250 DA	TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR RFG. NO 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR LIVEE OR PRINTS Walter Ellwood January 7, 1987 Cole 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YE AR Male White June 2, 1921 TO BIRTHPLACE ESTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Anne Arundel Co. Marvland WIDOWED DIVORCED | IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie North Arundel Hospital Security (Ret) aurl Race Track SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Wicomico Maryland 223 Morris Drive 21801 Salisbury 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Cole Mellamoor Helena IN U.S. ARMED FORCES? ADDRESS In WAS DECEASED EVER 166 SOCIAL SECURITY NO. 17. INFORMANT (Wife) YES NO OR UNKNOWN) WWIT 214.18.5628 Eleanor D. Cole Same As #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO. OR AS & CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20h IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 716. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 ? I & PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this haspital) attended the deceased from , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 27b. SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING MEDICAL STAFF 1/8/1987 PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS d b MPORT . Kent Carney, M.D. 145 E. Carroll Street, Salsibury, Maryland 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Crest Lawn Cemetery Jan 12, 1987 Marriotsville Howard Maryland 250. DATE REC'D. BY REGISTRAR 250 JEGISTRAD STRINGTON COMMENTAL STRINGTON COMMENTS. 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 ADDRESS (VRA 15. 4) Singleton Funeral Home Glen Burnie, Maryland



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DHMH 16 60M 7/84 (VRA 15, 4)	24 9	UNERAL DIRECTOR ROBERT E. EV	/ANS 1212 I	WEST ST.		FEB 9 1987	REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN X MONTH OF ESTI-Allen Beryl Cooper 4 RACE 6. AGE (IN YEARS | IF UNDER TYR. | IF UNDER 24 HRS 2d HOUR 5 DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 04 16 08 89 DEAD 19 871700 Cau YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Anne Arundel U.S.A. Mathias W. Va. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) maintenance Shore Walk Riva SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY De STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 4 Shore Walk Md. Riva NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Halterman Laura John Cooper 166. SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Alice A. Cooper same as 13 217-09-3833 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiac Arrest IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which A.S.C.V.D. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CHIEF MEDINE SE USED AS A CERTIFICATION Mellitus Diabetes 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES 🔲 NO X OR: PAGE 3 SHOULD BE HE STATE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 21201 PRIOR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY FARM ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Natural causes [X] death resulted fram: Undetermined manner TITLE (SPECIFY) DATE 01-22-87 Deputy MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) William P. Jones. ADDRE 695 America Crt. Davidsonville, Md. 21035 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY STATE MOOREFIELD W. VA. BURIAL 1/24/87 OLIVE CEMETERY 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Desider 12RIDGELY AVE.ANN.MD (VR A15 ME (5)) HARDESTY FUN. HOME

STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low regardes that the textificate be executed within 24 hours after death. Page 4 may be retained by the haspital an attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed to the manning physician and completely filled in by the fuseral pirector, page 3 should be detached for use as the burial-transit permit. Then place and appears. Pages 1 and 3 should be filed with 122 fours after death with the State Dept. of Health and Mental Hygiene prior to burial commitment, removal.	MADOTANT, If hem 21 is marked or hem
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PORTANT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH DECEASED NAME MIDDLE 2b. HOUR TYPE OR PRINTI 9:45 ANTHONY M. CYKIETA 26 87 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HR 3. SEX MONTH YEAR 30 31 55 MALE CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH 74. BIRTHPLACE (STATE OR EOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY U.S.A. MARYLAND ANNE ARUNDEL COUNTY DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR F NOT IN SUCH EACHITY, GIVE STREET ADDRESS) INDUSTRY Sales 442 CRAIN HIGHWAY N.W. 21061 Self Employed GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 21061 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 442 Crain Highway N.W. MARYLAND A.A. GLEN BURNIE 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME AN IDDITE MIDDLE KORCZYNSKI STELLA ANTHONY CYKIETA 17. INFORM@len Burnie, Marryland 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 21061 LIE YES GIVE WAR OR DATEST 442 Crain Hwy N.W. DOROTHY CYKIETA 205 22 3807 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: almonary arrest 995 VM 1260 IMMEDIATE CAUSE (a) metastatic Corumina Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO O 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21b. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 7.6 197 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 71e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, DEEICE, EARM, ETC.) WHILE NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OR PRINT) 72e ADDRESS 21146 302 Ritchie Hwy. Severna, Park Md JEFFREY SCHMIDLEIN M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL Glen Burnie Md .. 1/30/87 Glen Haven Park 24 FUNERAL DIRECTOR BY REGISTRARIES REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 Raymond C. Fink Glen Burnie, Md. 21061 (VRA 15, 4)

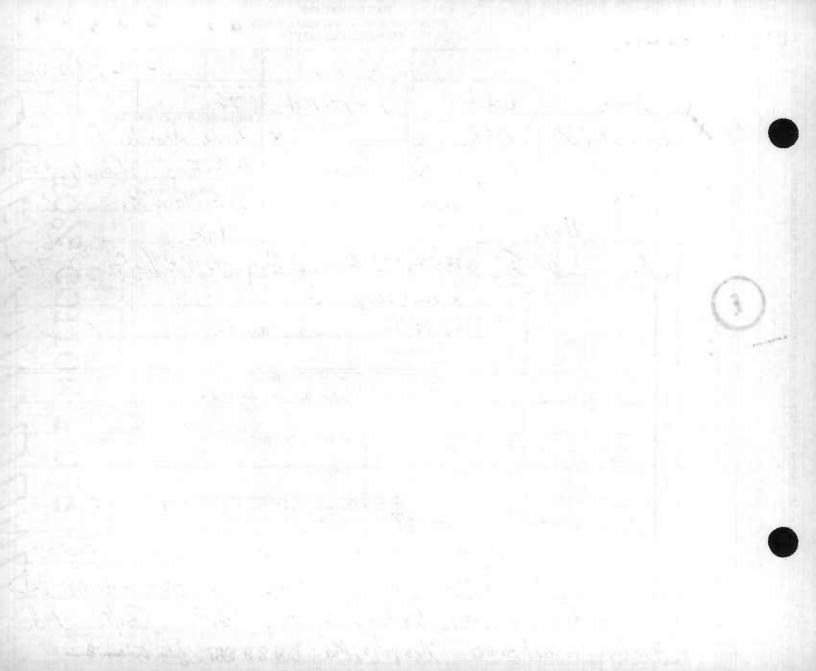
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Y Y	# # E		18 CAUSE OF DEATH (Enter of	nly one couse po	er line for (a), (b), and	dien)		/	-	APPNOXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
-	E d la		PART I. DEATH WAS CAUS	ED BY: \TE CAUSE (o)_	Cardin-	- He	D Cerrent				,
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DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN The low requires the otherwise physicion.			DADA O OTUEN CIGALUSICALIA	(c)_		F . T B T					
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N -0	Hee S	2	22a I certify that (1) this hosp					. 10	, 19		(we) last
TIV	15 of 0		sow the deceased alive a above (1) we) (did) and n	of view the bod	y ofter death	or or	d that i (our) opinion	death occurred on the d	ote and hour a	ind from the cous	es stoted
0 Po	DiRE Dept Dept		22b SIGNATURE	1	1/	)	DEGREE	/		22c. DATE SIGN	VED
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0 13 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 矣 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) poge 3 Elizabeth 29 87 Anne Davis 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 29 DAYS HOURS 12 Female White BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Anne Arundel County DIVORCED | WIDOWED M CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR CLETK OF WORK FOR MOST OF WORKING LIFE Road Insurance Shipley Linthicum USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Linthicum 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland A.A. 545 Shipley Road 21090 AFATHER'S NAME 15 MOTHER'S MAIDEN NAME Knott Levin S. North Anne 16b SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 218-28-7261 Lawrence A. Davis Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)
PART I. DEATH WAS CAUSED BY: phumonary IMMEDIATE CAUSE (O the live notastais Conditions, if pny, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [] 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC } CITY OF TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on obove (I) (We) (did) faid no) view the body ofter death and that in (my) (aur) opinian death occurred on the date and hour and from the causes stated 226 SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFE PHYSICIAN DIRECTOR PHYSICIA 224 PHYSICIAN'S NAME 22e ADDRESS ld b ORT 10 - JON 6 230 BURIAL, CREMATION, REMOVAL 2/2/87 Crest Lawn Mem Gardens Marriottville, Howard STAMO Burial BP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchies Hgwy Balto Md FEB

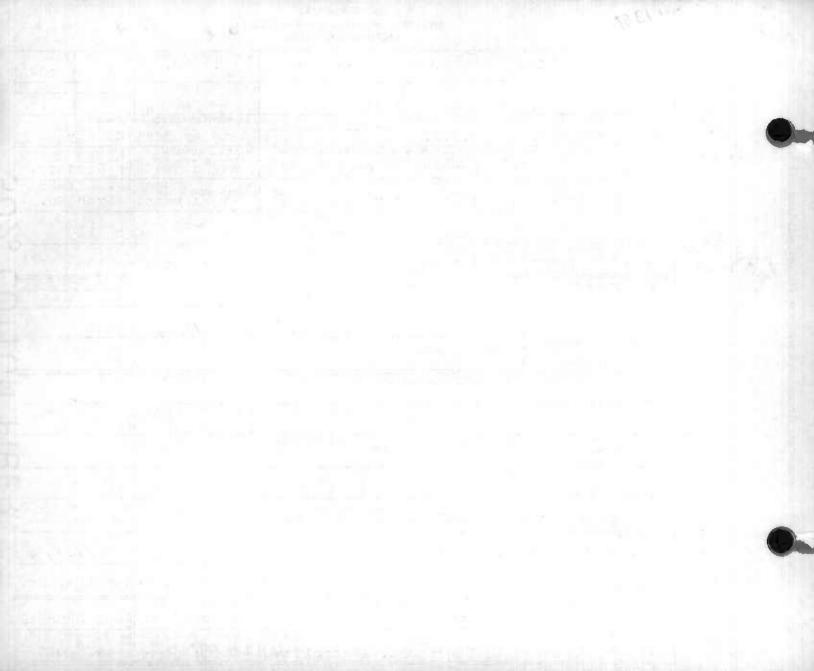
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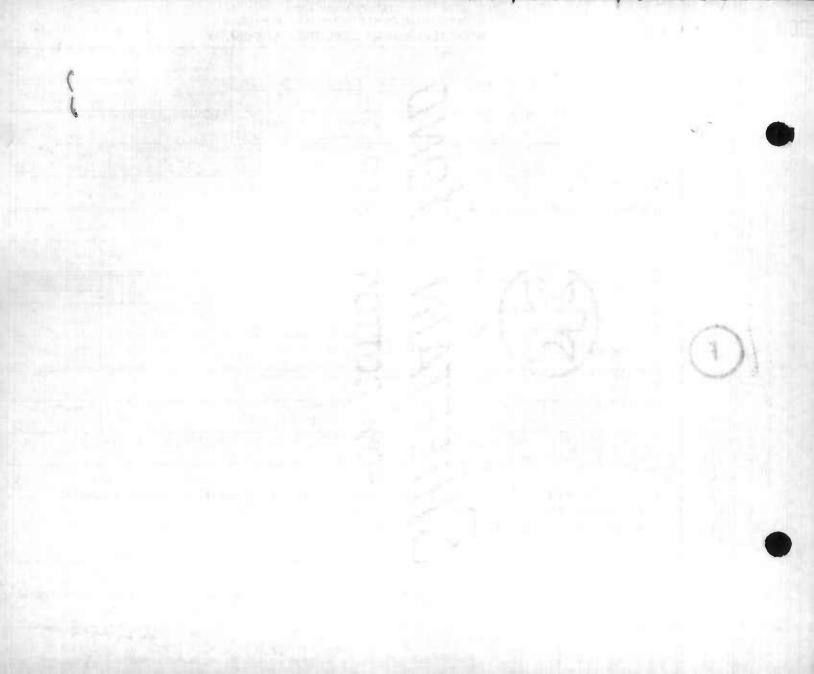
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S. W. W. W.		TY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NUE	SING HOME, C			TION	I2o. USUA	L OCCUPA	ATION (TYPE		126 KIND OF	BUSINESS
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9 44487 -		ATHER'S NAME							R'S MAIDEN						
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0 00 00	16a \	VAS DECEASED EV		AED FORCES?		IAL SECURITY N	10.	17. INFORM				ADDRESS	****		
ALTIME PARTER INE PARTER AGES I SION		es, no. or unknown) No	(IF YES, GIVE V	WAR OR DATES)	215-	-22-7829	)	Mr. 1	Robert	. A.	Dawso	on (	same	as 13	)
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MEDICAL EXAMIN (CCUTE THE CERTIFIC NGE 4 SHOULD BE 10 FUNERAL DIRECT FIRE DEATH, WITH I	1	EXAMINER'S NAM	WE	William I	M. Zar	ne, M.D.		ADDRESS	111 F	Penn	St.	Balto	. MD		
BAPT BAPT	230 B	URIAL, CREMATION	N REMOVAL 2			AME OF CEMET				23d. LOC		201	7		
	(:	Buria.	1	1-27-198	_	. Vetera				CITY OR	nsvi.	11e	A.A		STATE
25M	24 F	UNERAL DIRECTOR	ROBE	ERT S. BA					So. DATE RE	C'D. BY RE	GISTRAR	256 REGIS			
DHMH - 17 (VR A15 ME (5))		NAME		A PARK.					JAN 2				1	n-Panda	
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yy be age 3 death			EASED NAME Willi	am	G.	ı	Dawson	Jan. 10	. 198	7 YEAR	7:00AN
ge 4 may ector. pa		3. SEX	Male	4. RACE Cau	casian	5. DATE C	DAY	6 AGE (IN YEARS LAST BIRT	HDAY] IF U	THS DAYS	HOURS MIN.
011	35		THPLACE (STATE OFFOREIGN OUNTRY) yo, Maryland	7b. CITIZEN O	U.S.A.	8 MARRIEI WIDOWE	NEVER MARRIED	Anne Aru	COUNTY OF		У мр.
. 105	13		yortown of DEATH		UCH FACILITY, GIVE STREET	ADDRESSI	ral Hospita	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LENGINEE	WORKING LIFE)	INDUSTRY	SSer,
AND 212	33	13a S	residence (# Nursing Home of Tate 136 COUI	YTY	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 3741 Patu	kee Co ZIP COPE xent R	2 River	1035 Rd.
MARYLU ed within	20		THER'S NAME  FIRST  amuel	MIDDLE	Dawson		Agnes	ME MIDDLE	Con	nel'Î	,1
IIMORE,	medical	16a W	AS DECEASED EVER IN U.S. AF ES NO OR UNKNOWN) (IF YES GI Y & S WW I	MED FORCES? VE WAR OR DATES!	219-05-		Dolores W.	Dawson S		13e	
T. BALI	event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse p D BY: TE CAUSE (a)_	er line for (a), (b), on	Re	speratery 4	Failer		BETWEEN O	IMATE INTERVAL ONSET AND DEATH
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that the last the case remaind or the case rem	r other tr		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO,	OR AS A CONSEQUE	NCE OF					
equires on signed Then ple	injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	DITION GIVEN	IN PART 1:	0
AL RECO	9	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	206 IF YES, W IN CERTIFYIN YES	G CAUSES	
PHYSICIAN: The ending physicia this certificate in the buriol-transit ad Mental Hoste	S glowing!		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR .	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requi r attending physician. Mer this certificate has been sig as the bourdstrands permit. They	orked or	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
FEND OR. A	21 is me		220   certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	1/	9/87 19		d that in (my) (our) opinion	, to death occurred on the do	te and hour on		that (1) (we) lost couses stated
TAL OR ATT	T. H he	ď	Roat U	Freezy	DORC		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c DATE	SIGNED 12/87
TO HOSPITAL retoined by the TO FUNERAL should be determined by the TO FUNERAL should be determined by the Strategy of the Stra	WPORTA		Robert M.	Suceu		100	139 Old Sc	olomons Rd	. Anna	poli	s, Md.
BP	_	(	urial, cremation, removal Burial	236 DATE 1-13				Avidsonvi			lrundel
DHMH - 16 60/ (VRA 15,			NERAL DIRECTOR Cobert E. Eva	ans 12	i2 West	St.	1 4 3	REC'D. BY REGISTRAR	M.O P	S.SIGNAT	ure Md.



01.2	406 JA	100	FQR-7			DEPARTME		MARYLAND H AND MENTAI	HYGIENE		0	1 3	5
0 4 2	T D D JAI	134	REGISTRAR		ME	DICAL EX	AMINER'S	CERTIFICATE	· · · · · · · · · · · · · · · ·	KEG. N		: 0	6m
			EASED NAME	FIRST		MIDDLE		LAST	20 D/	ATE KNOWN K	HINOM	DAY YE	AR 26 HOUR
	ET, ES. S. E.			Lynr	G:	loria	Diat	z		ATH MATED	1/2	1/ 198	7 M
	35 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 SEX		RACE	5. DATE OF BIRTH	YEAR L	GE (IN YEARS IF U	NDER 1 YR. IF UND		DATE	MONTH.	DAY: Y	2d. HOUR 4:40
	ON 200 BRY			white	5/28/5	5	31 YRS.	MIS DATS HOOKS		DEAD	1/	21/19	
-	SE S	7e. Bi	RTHPLACE (STA	TE OR	76. CITIZEN OF W	HAT COUNTRY	? B MARE	RIED   NEVER MA	RRIED - 9. BA	LTIMORE CITY	OR COUNT	Y OF DEATI	н
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	A A G C C C C C C C C C C C C C C C C C	10 C	TY OR TOWN C		(IF NOT IN SUCH FA	CILITY, GIVE STREET	ADDRESS)	HER INSTITUTION	FOR MOST OF	CCUPATION (TYPE F WORKING LIFE)		OR IND	F BUSINESS USTRY
	N N N N N N N N N N N N N N N N N N N	LAST14		polis	Anne Aru		eneral Ho	spital	hair	stylis	t	beaut	tician
21201	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 570R, YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS ALRECORDS, 701 W. PRESTON STREET,	13a. S Mo	TATE	13b. COI A .	UNTY	13c. CITY OR		13d. INSIDE CITY LIMITS			Town	Rd.	37
WD.	TH. T. 2.		THER'S NAME		WIDDIE	LAST	1.000	15 MOTHER'S MA		MIDDLE		LAST	
ORE,	A S S S S S S S S S S S S S S S S S S S		Richard		Sander		atz	Shir1	ey			Spran	ndel
BALTIMORE,	URS AFTER DEATH.  8. GIVE PAGES 1, 2 WITH FORM PM 3 IT. PAGES 1 AND 2 DIVISION OF WITH	16a. V	VAS DECEASED ES, NO, OR UNKNOW NO	(IF YES, G	ARMED FORCES?  IVE WAR OR DATES)		56-6177	Richard	Diatz	2B-ISP		eek 1	landing
	NIT. PIN		18 CAUSE OF	DEATH (Enter	only one couse per line	for (o), (b), on	d (c).)					APPROXI	MATE INTERVAL
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V 100	MESTEZ)		lying cous		1 1 50 000	AS A CONSEC	MENCE OF						
80	# S22		PART 2 OTHER SIGN	HEICANT CONDITIO	(c) Ons <u>contributing to death</u>	BUT NOT RELATED T	O THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 in				
RECORDS	SE E E E E E E E E E E E E E E E E E E	Z											
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DIVISION OF	S CERTIFICATION OF THE PERSON	ME	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ETC )		CATION STREET	СПУ	OR TOWN	COU	NTY	STATE
	Be THIS CER ATE, WRITIN ORWARDED OF PAGE 35 RE FAGE 36 E 51201 PS		AT WORK	AT WORK	br	idge		y Bridge '	Toll Boot	th, Anna	polis	, Md.	
	MEDICAL EXAMINER ECUTE THE CRETIFICATE GE 4 SHOULD BE FOR FUNERAL DIRECTOR TER DESTINATION TO SCATAL WITH THE EX- TENDER, MARYLAND		22a. I certify	that I took che	orge of the remains de	cribed above, I	neld ga Autor	psy X. Inspec	tion Inq	juiry . or	nd in my apıı	ni <b>a</b> n	
-	AMI STATE ST		death resulted	fram: No	ntural causes	Accident A	Suicide	, Homicide	Undetermine	ed monner,			
	2000 A		ACTUAL	-	ANV	V		TITLE (SPECIFY)	<b>~</b> +		DATE	7 (0)	1 /07
	A SHORE		SIGNATURE_	-	1	2131	^	A.D. Assista	MEDICAL E	XAMINER	SIGNED	1/2	1/8/
	MUS BEAU	-	EXAMINER'S N (TYPE OR PRIN	AME GE	regory R. K	auffman	, M.D.	ADDRESS 1	11 Penn S	St.			
	PAGE PAGE	23a.B	JRIAL, CREMATI	ON, REMOVA	L 23b DATE	23c. NAM	E OF CEMETERY C	OR CREMATORY	23d LOCATIO	ON N	COUNT	Y	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	Anna	polis, SONS MO	PRTUAR	1401 Y. P.A.		IAN	6 1987		ISTRAR'S SI		

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MENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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(TYPE OR PRINT	James		R.	Doher	rty		Jan. 1,	1987		202	Q
3. SEX		4 RACE		S. DATE O			AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 H	IRS.
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IO. CITY OR T	TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET		R OTHER INSTITUTE		12a. USUAL OCCUPAT	ION Bryr grex figge	125. KIND O	F BUSINESS	OR
	polis	Anne A		Gener	al Hosp	ital	Dudgeo	II S		nment	,
	DENCE (IF NURSING HOME OF				13d. INSIDE CITY LIA	AITC2 I	13e STREET ADDRESS	/ 7ID COD		11111-5-11-6	
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James			oherty	1	Margar	ret	MIDDLE	H	liggins		
	CEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDR	ESS			
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18. CA	USE OF DEATH (Enter of	nly one couse per	line for (a), (b), an	d (c).)	01		1		BETWEEN	MATE INTERVAL	TH
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/ SPECIFY)	CREMATION, REMOVAL	236 DATE	236.1	NAME OF CI	EMETERY OR CREMA	ATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
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IMPORTANT: If hem 21 is

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH **FREGISTRAR** REG. NO. 20 DATE OF DEATH DECEASED NAME MONTH 26 HOUR [TYPE OR PRINT] SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY 13a. STATE 1136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NOF IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: RDIORESPIRATORY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF YRS. CEREBROVASCULAR ACCIDENTS Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO T 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (A) HOME STREET, FACTORY, OFFICE, FARM, EIC ) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. (my) (aur) apinian death occurred on the date and haur and from the causes stated (1) we) (did) (did not) view the bady ofter death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS DHMH - 16 60M 7/84 (VRA 15, 4)

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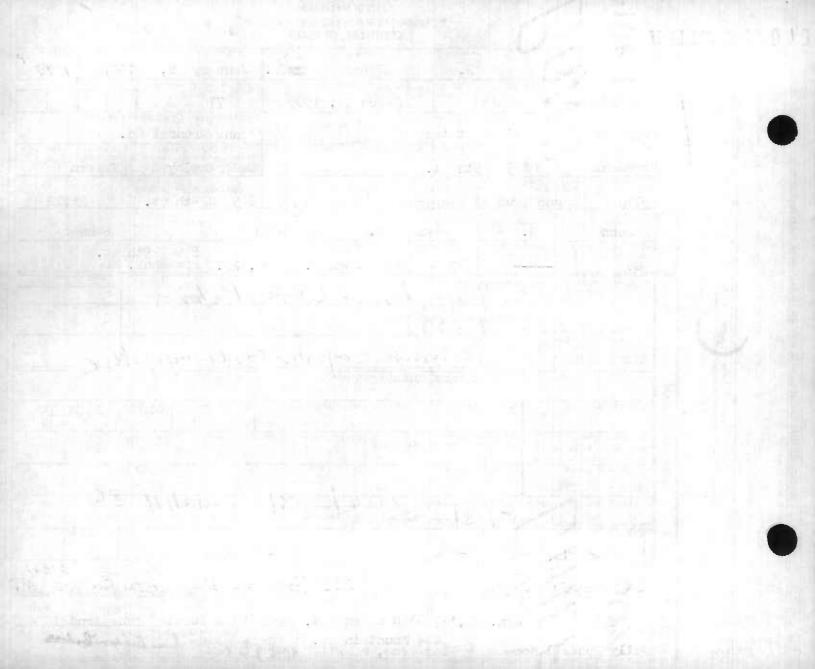
4	FOR STATE REGISTRAR	DI	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 0 0 1 3 7
0 4 Q 9 5 6 JAN	I DECEASED NAME (TYPE OR PRINT)  I Q Q 7  M	ACK D	DYE	JANUARY 13, 1987 YEAR 1058 PM
e 4 may	1 SEX Male	4. RACE White	october 13, 1924	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
eral dire	BIRTHPLACE (STATE OR FO COUNTRY) Virginia		INTRY? 8.	BALTIMORE CITY OR COUNTY OF DEATH
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24 hours	USUAL RESIDENCE (# NURSIN 130 STATE Maryland	G HOME OR OTHER INSTITUTION, GIVE RESIDEN 36 COUNTY 134 CITY (	CE BEFORE ADMISSION)	13e STREET ADDRESS / ZIP CODE 7825 East Shore Rd. 21122
MARYLA mplerely molerely comme	14 FATHER'S NAME FIRST Luther		ası 15 MOTHER'S MAIDEN N First Dye Vara	
BALTIMORE, cate be executy sician and cappers. Pages 1 vol. it, the medical	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) Yes	U.S. ARMED FORCES? 166 SOCIA	ALSECURITY NO. 17. INFORMANT 22 4528 Doris Dve	ADDRESS (Same as 13a-e)
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir t attending physician. Ther this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b arked or them 18 shows any injury	190 DATE OF OPERATING  190 DATE OF OPERATING  210. ACCIDENT WAS UNDE  OR CONTRIBUTING CA  (IF EITHER, NOTIFY MEDICA  AND COURS OF COURSE  OR CONTRIBUTING CA  OR CONTR	ON 196 CONDITION FOR  RLYING   216 TIME OF INJURY HOUR A.M. MON 1 EXAMINER) P.M.	WHICH OPERATION WAS PERFORMED	206. AUTOPSY?  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
at OR ATTENDI the hospital or at DIRECTOR. a te Dept of Heal if Hem 21 is m	AT WORK AT WORK		office, FARM, ETC.)  STREET  19  19  OFFICE ATTENDING	COUNTY STATE  27. to 1922. the (I) we) last in death occurred on the date and hour and from the causes stated  APPLICAL STAFF ORECTOR   PHYSICIAN   -/3-2
TO HOSPITA TO FUNERA should be d with the Sta		RD SHERMAN, M.D.	27e ADDRESS 95 GLB	AQUAHART ROAD, SUITE 203 N BURNIE, MARYLAND 21061
5 5 5 5	230. BURIAL, CREMATION, RI		23E. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR	Jan. 16, '8	Glen Haven Mem. Par A. Mountain Road 250 DA	ck Glen Burnie Anne Arundel MD ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MUDDLE LAST 2a. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) H. 8. John Everd 1987 245 January 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX IF UNDER 1 YEAR March 31, 1909 White Male Ta. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY United States Maryland Anne Arundel Co. WIDOWEDIX DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 229th St. Pasadena Self Employed Tavern USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 1130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 229th St. NO XX 21122 Maryland Anne Arunde Pasadena 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Elizabeth John Sr Bahner H. Everd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR LINKNOWNI LIF YES GIVE WAR OR DATES! 4388 Pasadena, MD No John H. Everd. III APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). A COMPLETION OF Conditions, if ony, which gove rise to immediate couse (o), stoting the A.CONSEQUENCE OF DUE TO. the Carolpming underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFI NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 220 L certify that (1) (this hospital) attended, the deceased from sow the deceased alive on. (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after fleath. 226. SIGNATURE DEGREE 22L DATE SIGNED ATTENDING **MEDICAL** hould be deto FUNERAL PHYSICIAN T DIRECTOR PHYSICIAN ORTANT. 276 PHYSICIAN'S NAME (TIPE OF PRINT) 22e ADDRESS 21061 ROL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN Glen Haven Mem. Glen Burnie Buria Park Anne Amidel MI 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 3204 Mountain Rd. (VRA 15, 4) McCully Funeral Home Pasadena, MD 21122



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	you god	P	3.	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	ctor.	urs ofter death	4	Male	White	November 26, 1922	64 yrs	MONTHS DAYS HOURS MIN.
	Pog dere	hour hour	7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	eoth.	2 2	TI	irginia	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDE	L COUNTY MD.
	e fo	100		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5	s oft	子型	7	GLEN BURNIE	NORTH ARUNDEL		Sgt. 1st Class	
(En	o p	de de	-	SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 136, CITY OR TOW		13e STREET ADDRESS / ZIP COD	F
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL	xecu nd c	Poges medicol	11	(YES, NO OR UNKNOWN) LIEYES	GIVE WAR OR DATES!	("11		
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Maryland A A Co. Glen Burnie VES NO A 1206 Kimberly Lane 21061  14. FATHER'S NAME (Dec) IS MOTHER'S MAIDEN NAME (Living)  Elmer Fifield Madeline Gurnee  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Son) ADDRESS 3912 Hamilton AV (YES, NOOR UNKNOWN) (# YES, GOVE WAR ON DATES)  218. 03.8921 Robert Paul Fifield Balto., Md. 21206  18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 1 PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b) MADELE COUSE (c) MADELE COUSE (d) MADELE COUS
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Elmer Fifield Madeline Gurnee  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT (Son) ADDRESS 3912 Hamilton AV (YES, NOOR UNKNOWN) (19 YES, GWILL) (19 YES, WWII 1 (19 YES, GWILL) (19 YES, NOOR UNKNOWN) (19 YES, NOOR UNKN
Robert Paul Fifield   Balto, Md. 21206   WWII   W
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214 NUMBER OF STREET
216. INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE S
WHILE NOT WHILE AL WORK OFFICE, FACTOR OFFICE, FARM ETC.)
27a.l certify that (1) (this haspital) attended the deceased from(2/20
saw the deceased alive an
27b. SIGNATUM DEGREE JAC DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DEPRECTOR PHYSICIAN P
THE PHANE INDIA NAME OF THE PARTY OF THE PAR
1412 CRAIN HIGHWAY NORTH, UNIX
YEONG H. OH. M. D. GLEN BURNIE MARYLAND 21061
THE BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY STATE
Burial Jan 16 1987 Baltimore Nat'l Cemetery Balto. City Md.
THE BURIAL CREMATION, REMOVAL THE DATE THE PROPERTY OF CREMATORY THE COUNTY STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

REG. NO.

SEVERNA PARK, MD. 21146

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

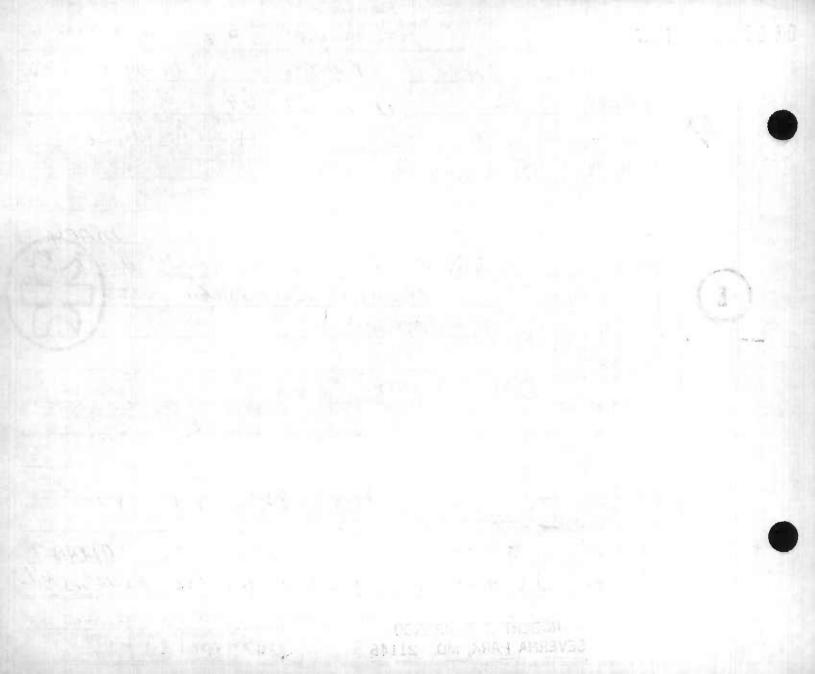
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STATE OF MARYLAND

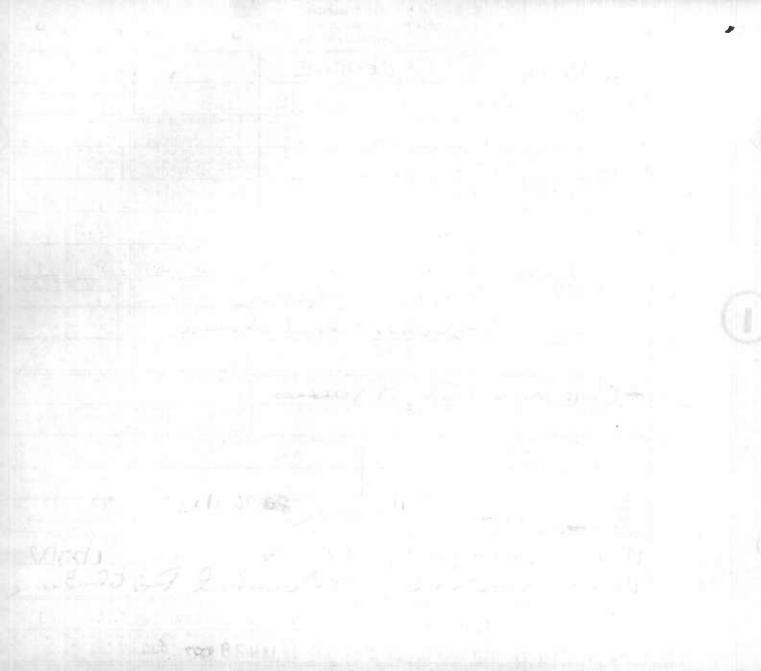
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O HOSPITAL TO FUNERAL Inhould be deto with the Store WMPORTANT: If		22d PHYSICIAN'S NAME (TYPE Charles W. H	Cinzer, M. D.		ne ADDRESS 16 Murray Av	For The State of t		21401	
₽₽ <u></u>	230	BURIAL, CREMATION, REMOVA	2-3-87	SONDOWA	AETERY OR CREMATORY	23d LOCATION CITY OF TOWN	i i	2A	MD.
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that (I) (we) lost and from the couses stated  22c. DATE SIGNED  DOWN B. COLLEGE  OUATY MD ATE
that (I) (we) lost and from the couses stated



		1	FOR		DEPARTA		E OF MARYLAND BEALTH AND MENTAL HY	GIENE			4 1
7	550 00	1.	STATE REGISTRAR		DEI ARTI		ICATE OF DEATH	8 FREG. NO	). <b>()</b>	UI	4/
106	1 F F R - 3 A		CEASED NAME FIRST		MIDDLE		AŠT	20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
å	deoth deoth	[TYPE	Char	les	W.	Gi	ddings	January	29. 1	987	84
A O E	o D	3 SE	X	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	IHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
4	s oft		Male	Whi	te	Nov	ember 10, 1917	69	YRS	MONTHS DAYS	HOURS MIN.
2	12-30		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	2.	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
5	CECEN		Maryland	United	States	WIDOW	2.0	Anne Arun	ael		м
10	1513	10. C	Annapolis	( IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET LINE GET.	ADDRESS)	Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Self Emplo	F WORKING LIFE		of BUSINESS OF
24 hour	The state of the s	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO Lryland Anne	YTAUC	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Pasadena	N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 8283 Meeh]	ZIP CODE		21122
4	100	14. FA	ATHER'S NAME				15. MOTHER'S MAIDEN NA				
70	1030		Reginald	D.	Giddin	nøs	Lottie	WIDDLE		Lint	nicum
app.	8- 9 /		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
	Pop P	(	YES, NO OR UNKNOWN) {IF YES.	GIVE WAR OR DATES)	212 10 9	9116	Phyllis G.	Weatherly (	Same	as 13a-	-6)
2	25 4 4		18 CAUSE OF DEATH (Enter	only one couse per						BETWEEN	MATÉ INTERVAL ONSET AND DEATH
8	1000		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	ISED BY:	Cer	reli	oc and	T			
5	P de la		NAME D		R AS A CONSEQUE					3 700	
10	2 10	1	Conditions, if ony, which	(b)	K AS A CONSEQUE	INCL OI					
10 to 0	by the o		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
equires 1	Spred Then ples to burns rijury, or	Z O	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	antributing to t	DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE OR CON	DITION GIV	EN IN PART I	0.
1	1119	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
7 2 2	San Tarent	E E	210. ACCIDENT WAS UNDERLYING			AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM TS P	ART I OR PART 2)	
2 4	1111	¥	OR CONTRIBUTING CAUSE OF	DEATH	.M. MOINTH DA	19					
Hrs	1211	MEDICAL	216 INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARAL ETC A	211 LOCATION	CITY QR TO	WN	COUNTY	STATE
0 1	1 1 1 2	2	AT WORK	TAT HOME, STA	TECH, PACTORY, OFFICE, F.	ARM, ETC.)	117 0	7 1/1	2	57	
90	マララ 日		22x I certify that (II) this ha	spital attended th	ne perseased from_	127	10-1		(	19 0	tho (1) (we) los
_ FE	0 1 5 5		saw the deceased flive obove (1) (ke) (did udid	not were the body	otter death	81.0	nd that in (hy) (our) opinion	death occurred on the de	ate and hou	ond from the	couses stated
41	WF51		27k SIGNA JOHE	7	and deam.		DEGREE			22c DATE	SIGNED
S Cal	AL D etas re D re D		Mus C	Xan	m	1	ATTENDING PHYSICIAN [	MEDICAL STAF	IAN D	1/8	30/5
HOSPIT.	should be det with the State IMPORTANT:		220 PHYSICIAN'S NAME (T	2   1	NANA	3	22e ADDRESS	BASSAM		William	
5 e	5 % 3 \$ T	23g.	BURIAL, CREMATION, REMOV			NAME OF	LEMETERY OR CREMATORY	23d LOCATION			
BP_			(SPECHY) Cremation					catonsvi	770	Baltimo	STATE
		24 F	UNERAL DIRECTOR	जिल्ला ।	3204 Mc			TE REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
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THE STREET STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME 2b HOUR TTYPE OR PRINTI ANTHONY JOHN GILL Jan 19. 1987 0007 4. RACE 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3. SEX 29, 1910 Male Cau June 76 TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne Arundel U.S.A. New Jersey WIDOWEDXX 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fort Meade, MD Soldier- RTD US ARMY 13e STREET ADDRESS / ZIP CODE 518 Rita Drive Odenton 13d. INSIDE CITY LIMITS? Maryland AnneArunde? 21113 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE John Catherine Gill Radek 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 514 Rita Drive 136-32-5626 Sister- Stella Marich Odenton, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Desniratory Respiratory Failure hours IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CURRENT OF CONSEQUENCE OF CONSEQUEN vears Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NXX 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21d INJURY OCCURRED 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Jan Jan 220.1 certify that (1) (this hospital) attended the deceased from 18 Jan sow the deceased alive on 18 Jan abave, (1) (did) (did and view the body after death. and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN XIXI DIRECTOR PHYSICIAN 19 Jan 1987 22e ADDRESS MIKE A. ROYAL KIMBROUGH ARMY HOSPITAL, MEADE, MD

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR HOME, Gambrills, Maryland

1 - 22 - 87

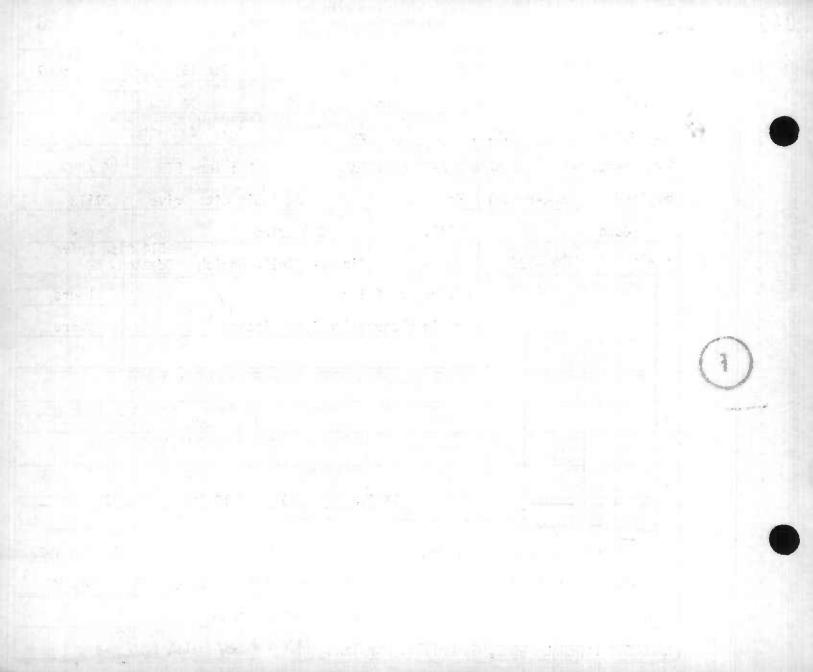
230 BURIAL CREMATION, REMOVAL

Burial

Arlington National Arlington

Va.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



		STATE OF MARYLAND
	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR THE STATE
110 11111	1.	REGISTRAR CERTIFICATE OF DEATH REG. NO.
I I J JAN I	I DE	CEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR PRINT)
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frechip	3. SE	
oge 4		Male White 4 12 17 69 YRS.
2 Pod 2 Pod P	70. B	SIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PROPERTY OF COUNTY OF DEATH
deot deot	116	ennsylvania USA INDOWED DINORCED   Home Hrundel
	110 C	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
	14	Innapolis Hone flrundel General Hospital Ketired : Military
od Ja	13a	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIR CODE
fille ooolo	1 (	MD A.A. Annapolis VES X NO 1 1 Tuler Court 21463
ately 2 st	14 E.	ATHER'S NAME  15. MOTHER'S MAIDEN NAME  MIDDLE  LAST  LAST
w be ed w		Anthony Groffre Carrie Nicosia
ond co		WAS DECEASED EVER IN (S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
ond c pages medico		(145 NO OR UNKNOWN) (1878S, GIVE W TOR DATES) 113-10-1369 Marion E. Gioffre - #13
4 4		APPROXIMATE INTERVAL
A Paris		PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0)  Z6 Years
1 1 1 1 1 1		
e deor		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (h)
he de de monte de		gove rise to immediate
by t l, cre othe		underlying couse lost DUE TO, OR AS A CONSEQUENCE OF
ple urio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
Then to b	Z	and the second s
beer mit.	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
on. Per lo	. Ĕ	YES NO YES NO YES NO NO
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ICIAN g Phy entification in intolitic		OR CONTRIBUTING CAUSE DE DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]  P.M. 19
HYSh rding rus ce buri	MEDICAL	21d INJURY OCCURRED 71e PLACE OF INJURY 21L LOCATION
the the	1 ×	WHILE NOT WHILE   NOT WHILE   AT WORK
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Spirol STOR for us of He		obove, (1) (we) (did) (did not) view the body ofter death.
OR ATTENIOR ATTENIOR DIRECTOR iched for us Dept. of Hem 21 is:		obove, (1) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  PLUTON
OR ATTENIOR ATTENIOR DIRECTOR iched for us Dept. of Hem 21 is:		obove, (1) (we) (did) (did not) view the body ofter death.  226. SIGNATURE  22c DATE SIGNED
OR ATTENIOR ATTENIOR DIRECTOR iched for us Dept. of Hem 21 is:		obove, (1) (we) (did) (did not) view the body ofter death.  226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  220. PHYSICIAN'S NAME (TYPE OR PRINT)  220. ADDRESS
Spirol STOR for us of He	236	obove. (1) (we) (did) (did not) view the body ofter death.  226. SIGNATURE  STUDY  226. PHYSICIAN DIRECTOR PHYSICIAN   1/1   87  226. ADDRESS  STUDY  E. Selonick, M.D.  226. ADDRESS  SI FVAUNTIN St. Anna Polis, M.d. 21014
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR should be detached for us with the State Dept. of He IMPORTANT: If them 21 is	230	Obove, (1) (we) (did) (did not) view the body ofter death.  226. SIGNATURE  SELOWILL WO ATTENDING MEDICAL STAFF PHYSICIAN'S DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  220 PHYSICIAN'S NAME (TYPE OR PRINT)  STUDY E. SELOWILL, M.D.  BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d LOCATION  COUND STAN
OR ATTENIOR ATTENIOR DIRECTOR iched for us Dept. of Hem 21 is:		obove. (1) (we) (did) (did not) view the body ofter death.  226. SIGNATURE  STUDY  226. PHYSICIAN DIRECTOR PHYSICIAN   1/1   87  226. ADDRESS  STUDY  E. Selonick, M.D.  226. ADDRESS  SI FVAUNTIN St. Anna Polis, M.d. 21014

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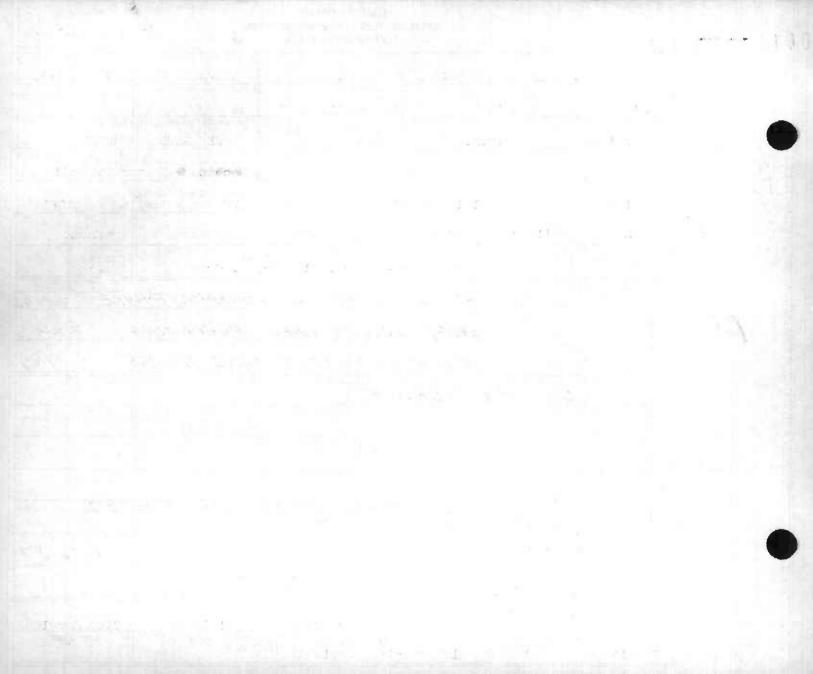
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0424;	23 JI	13	FOR STATE REGISTRAR		DEPARTA	CERTIF	CATE OF I	MENTAL HYGI	B / REG. N		0 1	5   EST
m =			CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONIH	DAY YEAR	2b. HOUR
7 78	V-"!	1 SE	JOHN	WAL.	TER	GRAP 5. DATE O		SR	JANUARY 6. AGE (IN YEARS LAST BE	RTHDAY)	1987	352 AM
4. 100	133		Male	Whi		March		1939		47 YRS.	MONTHS DAYS	HOURS MIN.
1 15	35		RTHPLACE (STATE OR FOREIGN COUNTRY) *  Marvland	76 CITIZEN OF	WHAT COUNTRY?	MARRIEE WIDOWE		MARRIED	9 BALTIMORE CITY O	OR COUNTY VRUNDEI		/ MC
de	1/1	14 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)		MOITUTION	12a. USUAL OCCUPAT	ION	17b. KIND OI INDUSTRY	F BUSINESS OR
12 1	97	USU	GLEN BURNIE	NOR I		HOSP	TAL					art Rea
1 24 kg	30	13a. S	aryland A A	NIY	Millers	'N	YES [	NO [X]	13e STREET ADDRESS 218 Obred			1108
4 45	50	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	S MAIDEN NAA	AE MIDDLE		LAS1	
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and co	100/			RMED FORCES? IVE WAR OR DATES)  Nam	219.26.7		Shirl	ey A. G			me as #	13
4 000	a #	-					1	<i>c)</i> 0.	Lup			MATE MISSING
prifice g phys	e e e e	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	ED BY: ATE CAUSE (a)	(azaloz	espl.	rayor	y are	est	1		
-	o de		Canditians, if any, which	DUE TO,	OR AS A CONSEQUI	91	unAel	line	1 slock		34	
(2) 10		6	gave rise to immediate cause (a), stating the underlying cause last	DUE TO,	ORAS A CONSEQUE	1/		0 4 4		1100	1	/
~	000			(c)	KALAM	XMX	MIN		4 millar	mall	Mary	w
- 1-11	to the	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	WWW.M	DEATH BUT	NOT RELATED	D TO THE TERM	1 ALZONO		A ILMI D	when
o low o	1 1	IFICAT	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	WAS PERFO	ORMED	YES IN NOI	IN IF YES	S, WERE FINDING CAUSES	
AN. The	110	L CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		OF INJURY	AY YEAR	21c. HOW IN	NJURY OCCURR	ED (ENTER NATURE OF IN)	_		
000	17	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	_	OF INJURY	19	211 LOCATI	ION				
Off Pho othership		MEE	WHILE NOT WHILE AT WORK AT WORK		TREET, FACTORY, OFFICE, I	ARM, ETC	STREE		CITY OR T	OWN	COUNTY	STATE
N N N N	Health In the		22x I certify that (I) (this hosp	11.0		12	d that in tray	19_36	, to	Tym date and has	19,	that (1) (we) las
EAST COM	10.0		saw the deceased sive a above, it we idd idd a 7% SGNATURE A ///	not view the bod	y after death.		DEGREE		/	SOURCE VOICE	77L DATE	
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TO HOSPIT	MPORTAN		224 PHYSICIANS NAME ITTE				73% ADDRES	95	AQUAHART R		1	
5 g 5 g	W W	23a. I	BURIAL, CREMATION, REMOVA	L Z3b. DATE	236	NAME OF C	EMETERY OR	CREMATORY	THE MARYLA	ND 211		
BP			Burial \					emetery	Brooklyn	n Park	A A C	o. Md.
DHMH - 16	60M 7/84	24 F	JNERAL DIRECTOR	Westle.	ADDRESS			25a. DATI	REC'D. BY REGISTRA			
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		1					STATE	OF MARYLAND						
		11.	FOR			DEPART		EALTH AND MENTAL HY	GIENE	0 (		5 %		
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			CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH E	DAY YEAR	26. HOUR P		
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	The part of	1.58	X		4 RACE		5. DATE O		6. AGE JIN YEARS LAST BIE	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
	4 600	1	Male  Ja, BIRTHPLACE   STATE OFFOREGN COUNTRY)  Maryland  10 CITY OR TOWN OF DEATH  GLEN BURNIE		White 7b CITIZEN OF WHAT COUNTRY? U.S.A.		August 12, 1907  MARRIED NEVER MARRIED UNIDOWED DIVORCED		79					
-	4 50 50	70,.B							ANNE ARUNDEL COUNTY MD.					
	1 12 25	1												
	. 1 21 /	10 C			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NORTH ARUNDEL HOSPITAL			ROTHER INSTITUTION	120. USUAL OCCUPATION 125, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
21201	0 10 9	4						Machine Operator B&O RailRoad						
	1 3 3	1.USU 13a.	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS?											
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25	1 FM M7	) 14. E.	THER'S NAME	J- Tariet	MIDDLE	LAST	-	IS MOTHER'S MAIDEN NA	ME MIDDLE					
MA	10000	4	John	Willi	iam Gray			Margaret	Rebecca		Knott			
3	See 1		WAS DECEASED EV			166 SOCIAL SECU	JRITY NO.	17 INFORMANT (Wi	fe) ADDR		ame as			
N.	1		YES, NO OR UNKNOWN    N/A   A-217-09-3659   Mrs. Florence A. Gray # 13											
ALT	the state of		& CAUSE OF DE	ATH (Enter onl	ly one cause per	line far (a), (b), an	id ici.)				BETWEEN	ONSET AND DEATH		
N ST.	A STATE OF THE STA		PART I. DEATH	IMMEDIATI	D BY: E CAUSE (a)	ACUTE	AND (	CHRONIC R	ESPIRATOR)	FAILL	IRE	2M05.		
	- A		DUE TO, OR AS A CONSEQUENCE OF											
EST	1/4/1		Conditions, if any, which (b) LET-T LOWER LOBE PNEUMONIA ZWKS.											
O.	1 1967 5		gave rise to i	iting the	DUE TO O	RASA CONSEOU	ENCE OF			-16-		1.0		
3	10 10 10		underlying cou	ise last	(c) C	HRONIC	OBS	TRUCTIVE	LUNG DIS	EASE	X	yies.		
20	o de la constante de la consta	1	PART 2 OTHER SI	GNIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1	0		
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ECC	1 Miles	FICAT	190 DATE OF OPER	RATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI			
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ő	20 1011	15	LIF EITHER NOTIFY M		111	м.	19	EL ER IVE		- 1				
Sion	9444	VED!	21d. INJURY OCCU		21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE		
NIC	Of 144	1	WHILE NOT	WHILE										
-	Z # 57 7		22a.l certify that	20.1 certify that AT (this haspital) attended the deceased from 12-30 - 19-86, to 1-15-19-87, that AT (we) lost										
-	The CTO	saw the deceased alive an 15-8 , and that in (mg) (aur) opinion death accurred on the date and hour and from the cabave, (i) (we) (did) (end not) view the body after death.												
	My managed and and and and and and and and and an		22b. SIGNATURE	IGNATURE DEGREE 221. DATE SIGNED										
	A Manager T		V	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-16-87										
	PARTIE A		22d. PHYSICIAN'S	NAME (TYPE OF	R PRINT)			22e. ADDRESS 7845	OAKWOOD RO	AD, #1	.07			
	10 HOS Howed O FUN Howld H	1	JOSE P. NEPOMUCENO GLEN BURNIE, MARYLAND 21061											
	Sienisk		130. BURIAL, CREMATION, REMOVAL 236 DATE 17 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION											
	BP		1987 Loudon Park Cemetery Baltimore / City Maryland											
	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	KH H	whi.	1 Second	d Ave.	S. W. 250 DA	16 198 PAR	25 REGISTI	RAR'S SIGNA	TURE		
	(VRA 15, 4)	2	ingleton	Funera	1 Home	Glen Bur	rnie,	Maryland JA	11 2	1-				
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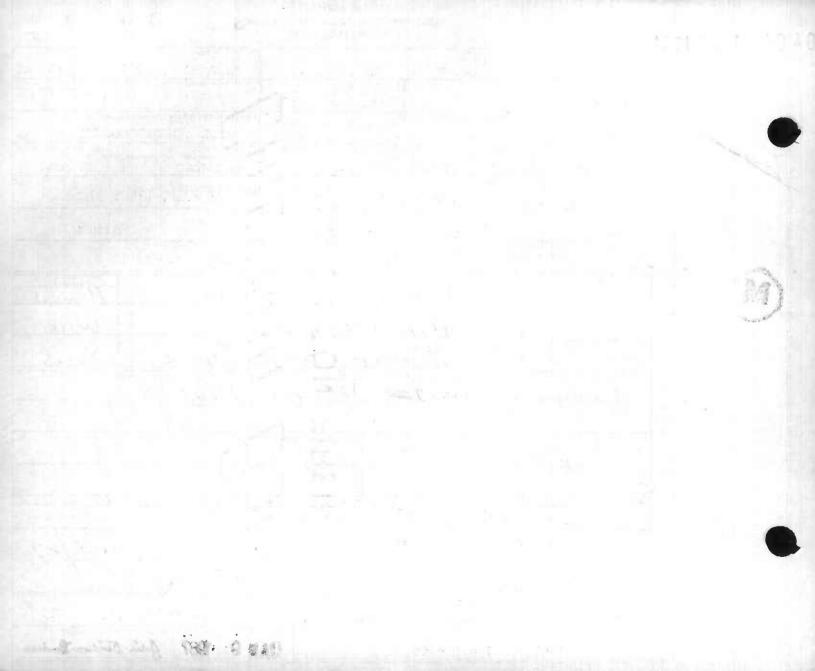


0463 JAN 1	218	FOR FIATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLA EALTH AND N CATE OF D	MENTAL HYG		REG. NO.	ססכ	village o	5 3		
		CEASED NAME FIRST		MIDDLE	LA	ST		2e. DATE OF DE	ATH MONTH	DAY	YEAR	26. HOUR p		
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you a	3. SE)	(	4. RACE			5. DATE OF BIRTH			LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS HOURS MIN.		
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(VRA 15, 4)		James S.	Kirk1	ey, Glei	n Burn	ie, MD		JA	N 9 1987	Julia	Dinder	Friday



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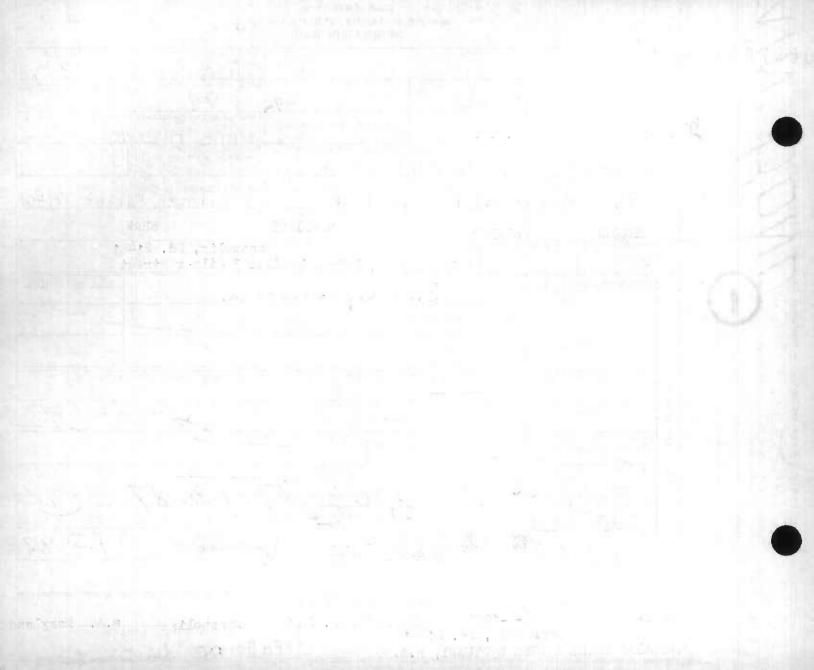
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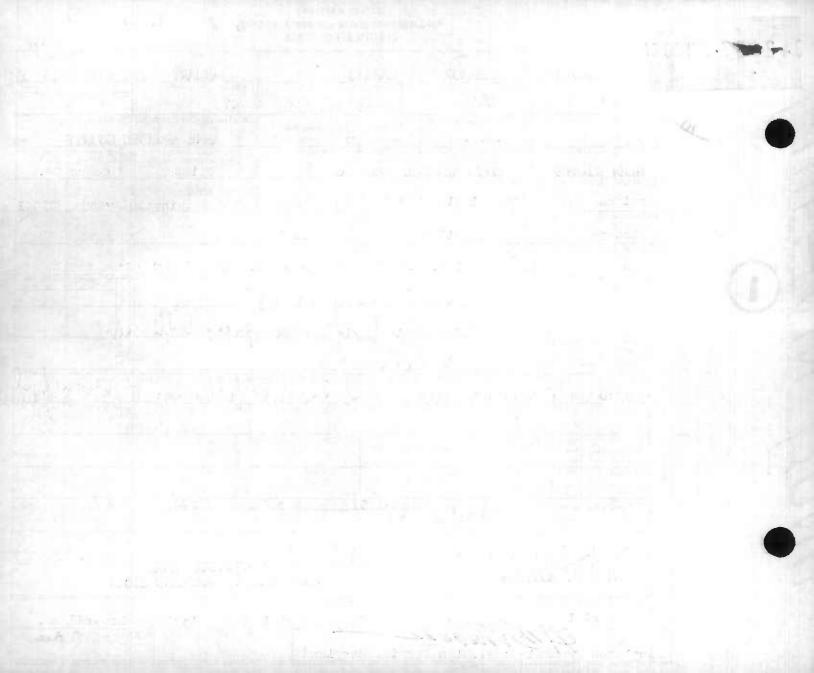
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Singleton Funeral Home, Glen Burnie, Maryland

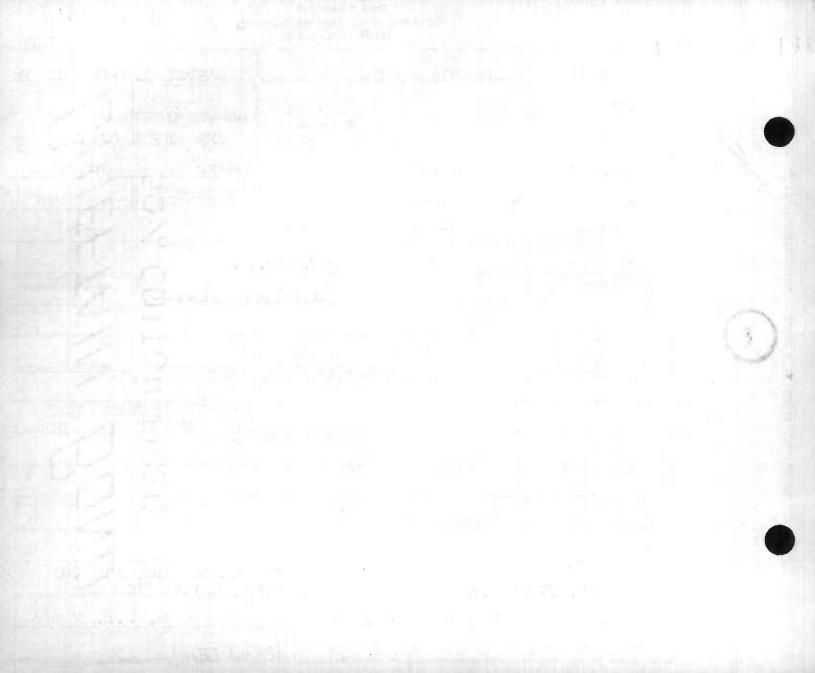
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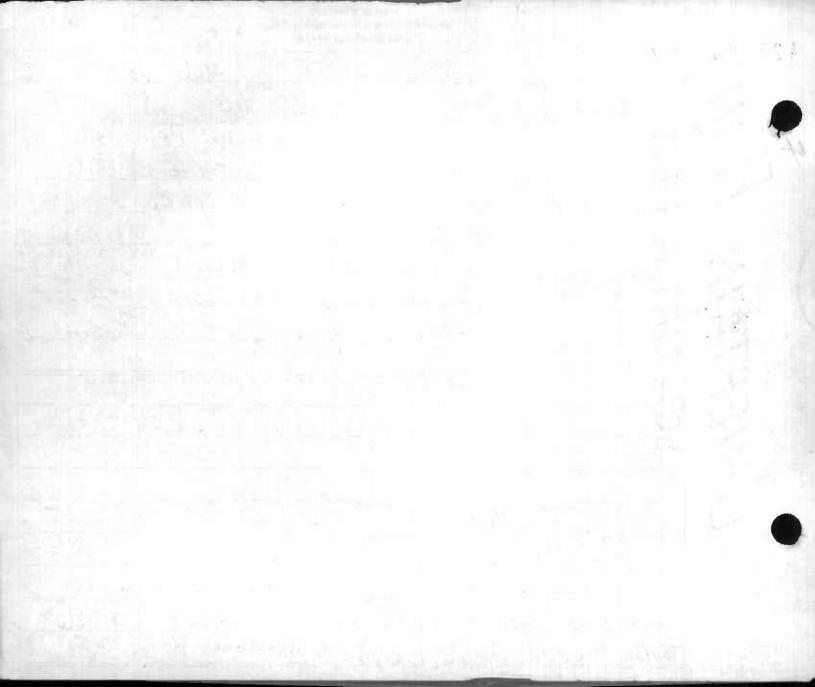


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2 1 22 5		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART Ira	
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- 制度表 看生	1		(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)		- 1	TYPE OF WORK FOR MOST O		INDUSTRY	
8 6 5	WSU	GLEN BURNTE AL RESIDENCE (IF NURSING HOME O			EL HOSP	LIAL	10	CAFETERIA MAN	NAGER	LUUNIY	SCH00L
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is a little		Canditions, if any, which	( (b)_	, , , , , , , , , , , , , , , , , , ,	2002, 102 01					4	
2 2 3		gave rise to immediate cause (a), stating the	DUE TO C	R AS A CONS	FOLIENCE OF	10	1-			100	
¥ 440 f		underlying cause last	( (c)_			JU,	7, +	•			
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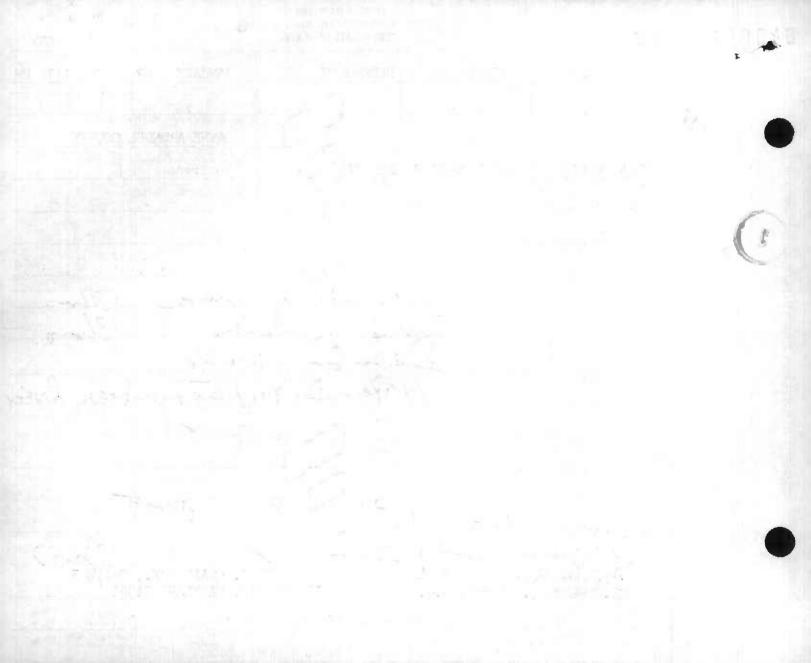


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE DANIARY MONES. DAY 98 /EAR 1 DECEASED NAME "ETWARD HILLARY EARL (TYPE OR PRINT) 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS White October 23,1918 68 Male BIRTHPLACE ISTATE OF FOREIGN BALTIMORENTY OR CONTICOF DEATHNIY 7h. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore USA Anne Arundel 10 CITY CLENN BURNTE 1. NAME BETT OF THE PROPERTY OF THE INSTITUTION 126. KIND OF BUSINESS OR 12a USUAL OCCUPATION Retired (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI III COUNTY THE CITY OF TOWN 13e STREET ADDRESS / ZIP CODE THE INSIDE CITY LIMITS? Md. AA Glen Burnie 7520 WB & A Road 21061 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME S MALE **HUDDLE** Frederic Hillary ADDRESS. ME WAS DECEASED EVER IN U.S. ARMED FORCEST 186 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO DE UNENCHAN) OF 165, GIVE WAR DIE DATES! Marilyn Hillary, Wife, same as Yes BETWEEN WHITE PATERY OF THE II. CAUSE OF DEATH (Enter only one couse per line to val. 16) PART L DEATH WAS CAUSED BY W. PRESTON ST. Conditions, if any, which gove rise to immediate couse to stating the couse underlying. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE DIVISION OF VITAL RECORDS, Jille AUTOPSY No DATE OF OPERATION ON FOR WHICH OPERATION WAS PERFORMED. 186 # YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV THE HOW INJURY OCCURRED STATES WHEN THE PART I CHEMIST TO THE PART Fla. ACCIDENT WAS UNDERLYING TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH OF ETHER MOTEV WEIGH, ALEXAMPSES 214 INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY COUNTY State CITY DIE FOWN CATHOMY STREET FACTORY OWNER FARM ETC.) norwest [] 220.1 certify that (1) (this hospital) othended the deceased from 1 w the deceased alive an. and that in (my) (aur) apinian death occurred on the date and have and from the causes stated lave, (1) (we) (did) (did nat) view the bady after death. DEGREE ATTENDING 32 SMEDICAL PITTAGE LARIVE should be deto 22e ADDRESLEN BURNIE, MARYLAND 21061 230. 8URIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Md. 1987 Burial 29 Jan. Crownsville Veterans Crownsville 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 James S. Kirkley, Glen Burnte, Md. 21061 ulia Divideon Panda (VRA 15, 4)

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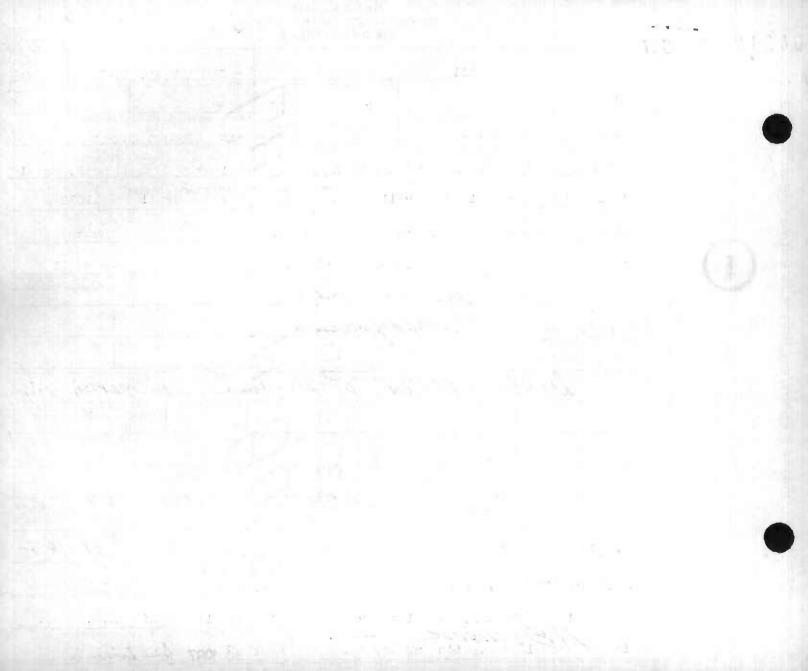
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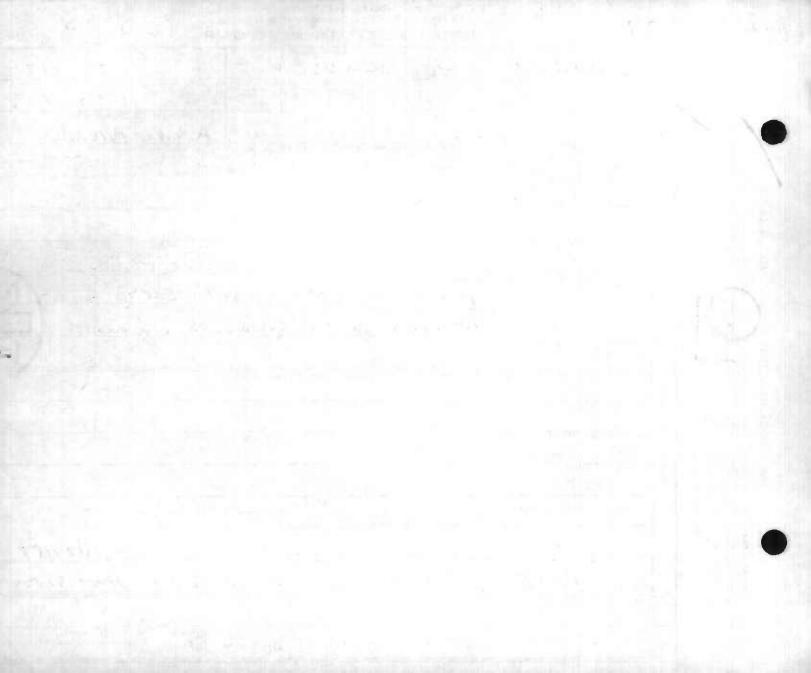
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO EST LAST 20. DATE OF DEATH MONTH DECEASED NAME YEAR 26 HOUR (TYPE OR PRINT) JOHN Allen **JEFFRIES** JANUARY 30. 1987 3 SEX 4 RACE 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5 DATE OF BIRTH IF UNDER I YEAR MONTH YEAR DAY Male White 1917 Nov To. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COLINTRY U.S.A. Kentucky WIDOWED DIVORCED | ANNE ARUNDEL COUNTY IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL Welder Beth. Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSULUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Anne Arundel Crownsville 831 Oak Trail 21032 Maryland NO X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST Jesse James Jeffries Nannie Bunch 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Effie J. Jeffries 413.05.2603 Wife Same as 13 No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), ord (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)\_ Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART RECORDS, emphyslus CERTIFICAT 19a. DATE OF OPERATION 104. IF 1ES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOF YES T NO I DIVISION OF VIT 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify tho (1) (this hospital) attended the deceased from. saw the deceased glive on above, (1) (we) (did) (glid not) , and that in (my) our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DAVE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN CHECTOR PHYSICIAN C ATTENDING 22d PHYSICIAN'S NAME ( PINT) 72e ADDRESS 653 OLD MILL ROAD PORT, JAMES J. BENJAMIN, M.D. MILLERSVILLE, MARYLAND 21108 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE COUNTY BP. Glen Haven Memorial Park Glen Burnie Md. Burial Feb 3,1987 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Singleton Funeral Home, Glen Burnie, Md. (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO DECEASED NAME TO DATE KNOWN W CIVER DE PRINTI ESTI DEATH MATED IF LINDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED Male White 69 YRS DEAD 1917 To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XI NEVER MARRIED [ listrict U. S. A. DIVORCED TY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ublicElectri Annapolis Anne Arundel General Hospital Foremanlitility 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Anne Arundel Harwood 1507-D Flanders Lane/20776 Mary land 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Samuel Johnson Alice Marie Dodge 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANT 1507-D Flanders ES, NO, OR UNKNOWN) I LIE YES GIVE WAR OR DATES! Unknown Elva Johnson-Lane, Harwood, Md. 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY ACUTE CORONANT INSUFFICIENCY IMMEDIATE CAUSE (a) Conditions, if ony, which THOMOSCIENOTIC CAMPIUNBOULEAN MENSIL gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [ 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 711. LOCATION STREET, FACTORY, FARM, ETC.I. CITY OR TOWN COUNTY WHILE NOT WHILE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Hamicide Undetermined manner PACE 4 SP. TO FUNERAL DIRECTOR DEPORTS OF THE PROPERTY OF THE PACE TITLE (SPECIFY) EXAMINER'S NAME / 230. BURIAL, CREMATION, REMOVAL 23h DATE 13c. NAME OF CEMETERY OR CREMATOR' Burial 1/29/87 Cedar Hill Cemetery Suitland(Pr.Geo's) Maryland 07/84 Richard A. Coleman 250. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE Upper Marlboro, Md DHMH - 17 gulie distasm- Pandach (VR A15 ME (5)) Funeral Home



STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS MONTH PRONOUNCED DEAD White 13. 1953 33YRS Male Aug. TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY Baltimore, MD X IL CITY OR TOWN OF DEATH IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS North Arundel Hospital Glen Burnie Carpenter ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY Glen Burnie 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 283 Thompson Avenue 21061 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Wilmer Hamlett Johnson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Lois Ray, Mother, Same as 13 TR CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE CHIE
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THE CHIE YES . NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) WARDED TO THE PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING GR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22e I certify that I taak charge of the remains described above, held on Autopsy ond in my apinion death resulted fram: Notural causes Homicide Undetermined manner TITLE (SPECIFY) SIGNATURE (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Baltimore MD Jan. 31,87 Security Process, Inc Catonsville Cremation 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** James S. Kirkley, Glen Burnie, MD (VR A15 ME (51)



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ANNAPOLIS, MD.

#10, G-625, 3/18/87, by F.H. STATE OF MARYLAND

- STATE

(TYPE OR PRINT)

REGISTRAR

24 FUNERAL DIRECTOR

TAYLOR FUNERAL CHAPEL

DHMH - 16 50M 4/83

(VRA 15, 4)

DEFEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

250. DATE RECID-BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MONTH

7h HOUR

1845

20. DATE OF DEATH

CERTIFICATE OF DEATH

- Line (1994) - Line (1994) - 11 (1994) - 11 (1994) - 11 (1994) - 11 (1994) - 11 (1994) - 11 (1994) - 11 (1994) 

(VRA 15, 4)

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	mo L		3 SE	X	4 RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	HOURS MIN.
-	4	1		Male	Caucasian	Mar		85	YRS.		HOURS MIN.
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= A	and the	63	r .	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT  (IF NOT IN SUCH FACILITY  Anne Aruno	AL, NURSING HOME  Y, GIVE STREET ADDRESS)  Lel General	OR OTHER INSTITUTION  Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Laborer		INDUSTRY	of Business OR
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34.17	1 12	166	14 FA	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA				
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IMO	4 10	1/	1	NO -		7-18-0669	Catherine M.	Madison B	owie. M	D 20	716
SALT	1/11	10		18 CAUSE OF DEATH (Enter o	nly one cause per line fo	r (a), (b), and (c)					XIMATE INTERVAL LONSET AND DEATH
ST., I	1 整	1		PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (o)	NGEST	IVE HEAR	TFAILU	RE		YONTH:
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EST	4 11			Conditions, if any, which	( 1b) LO	CONSEQUENCE OF	ATHERO	SCLEKO	915	15	YEARS
W. PR	hot the by by lesse	oth		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF	ARRITY	THMIA		24	VEEKS
DS, 20	signed hen ple	lury, or	Z	PART 2 OTHER SIGNIFICANT						IN PART 1	10
DIVISION OF VITAL RECORDS,	w rec	177	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	VERE FIND	INGS LISED
LRE	has the	1/	IFIC					YES NOT	IN CERTIFYIN	G CAUSES	S OF DEATH?
/ITA	N: The	8	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c. HOW INJURY OCCUR			OR PART 2)	140 []
OF	ICIAN 9 phy entific rol-tra	1		OR CONTRIBUTING CAUSE OF DE	Alti	ONTH DAY YEAR					
ON	HYS)	or th	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJ	URY	21f LOCATION				
VISI	G Ples	P.	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	TORY OFFICE FARM, ETC )	STREET	CHYORTO	)WN	COUNTY	STATE
٥	Afr Se of Party	a a		22a.l certify that (I) (this hosp	tal) ottended the dece	ased from 1-2	3- 1977	10 1-12	. 19	87	that (1) (weilast
	R ATTEN hospital RECTOR hed for u	23 is		saw the deceased alive are obove, (1) (we)	1-8-8	719	nd that in (my) (and opinion	death occurred on the d	ate and hour a	nd from the	
		te E		22b. SIGNATURE	or view the body after a	eath.	DEGREE			22c DATE	ESIGNED
	the the letoc	= 1		atten	( Hens	14 di	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	JAN	13, 1987
	SPITA J by NERA be de	NA T		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	)		te 121			0, 1,
	etoined TO FUNI	MPORTAN		Dr. John Cos	ma, M. D.		14300 Gallan		Bowie,	MD	20715
	op 10 Sho	3	230 E	SURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF	EMETERY OR CREMATORY	23d LOCATION			
	BP			Burial /	JAN 15,19		iface Cemeter	y Elmont,	Nassau.	New	York
		M 7/P4	24 FL	JNERAL DIRECTOR CELL	1/4/0 160	00 Annapol	is Road 25a DAT	E REC'D. IN REGISTRAR			
	DHMH - 16 60/ (VRA 15,			eall Funeral Ho		ie, MD 20		N 1 0 198/	Gulia L	cordoon	- Kandael

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9		TE ISTRAR				IEALTH AND MENTAL HYG	b / REG.		11	11
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		J	ohn Oliver	Keys, Sr.			January 1			4:28p M
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	Ma		Whit	0	July	and the second second	61	VRS.		
L	TE BRITHPL	ACE TELEFORMOR	Th CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	# BALTIMORE CITY	OR COUNTY OF	DEATH	OTES .
2		lt. MD	U.S.		WIDOW	DIVORCED X	Anne Aru		mty	MD
7	HE CITY OR	TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17s USUAL OCCUPA			BUSPNESS OR
1	An	napolis	Arunde	1 General	Host	pital	Balt. Ci			retired
5	11 Tan 2000 1 P 7 V	land	COUNTY Q.A.	Grasonvi		124 INSIDE CITY LIMITS?  VES NO D  IS MOTHER'S MAIDEN NA	Rt. 1 E		2163	58
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	gove count unde	ditions, if any, we rise to immediate (a), stating enlying couse	hich (b)	AS A CONSEQUE	NCE OF	Candion	nyy P	NDITION GIVEN	M PART III	mp.
	CERTIFICATION VO. 161	ATE OF OPERATIO	N III. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	180 AUTOPSV7	70h IF YES, W IN CERTIFYIN YES T	VERE FINDING	OS USED OF DEATH?
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	23a BURIAL		ALCOHOL: U.S. C.			EMETERY OR CREMATORY	ZM. LOCATION CITY OF TOWN		OUNTY	Mate
	the property	Burial	01-16-	87 Wo	odla	wn Mem. Park	Easton	Te	albot	MD

DHMH - 16 60M 7/84 (VRA 15. 4)

Tom Helfenbein Funeral Home, Chester, MD 21619

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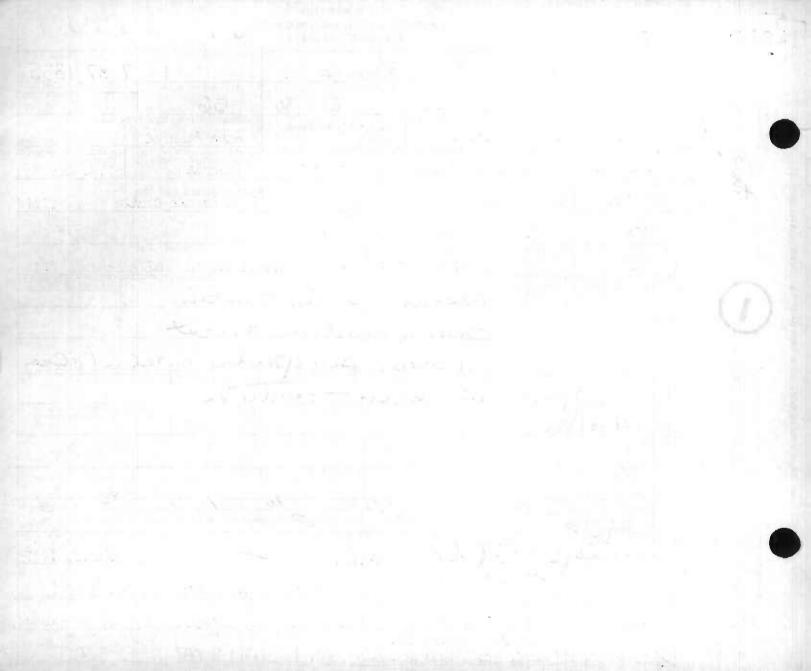
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6   JAN 13	87 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HY	GIENES PREG. NO.	0 1 /	EST
e <del>-</del>		CEASED NAME FIRST OR PRINT)	MIODIE		AST ATTEM	JANUARY 0		HOUR PM
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O fee	3 SE	emale	Cauc.	5. DATE C MONTH 10		6. AGE (IN YEARS LAST BIRTHDAY) 79	MONTHS DAYS HO	DURS MIN.
91		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIEI WIDOWE	NEVER MARRIED D	DIVINE ARTHU		MD.
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filled in and be the	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b CO ryland Pr.	UNTY 13c. CITY	nce before admission) OR TOWN T Marlbor	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO 8407 Berwick	Rd. 20772	
and 2 sh		THER'S NAME FIRST Oscar		ight	15. MOTHER'S MAIDEN NA	MIODLE	Unknown	
Sold Sold Sold Sold Sold Sold Sold Sold		VAS DECEASED EVER IN U.S. ( YES, NO OR UNKNOWN) (IF YES, (  10	GIVE WAR OR DATES)	32-1160	Joan M. Torn	nell same as ite	m 13	
A SO B		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per line for (a SED BY. ATE CAUSE (o)	), (by, and ics.)	lenta culo	as farling	APPROXIMATI BETWEEN ONSE	E INTERVAL ET AND DEATH
rtending ve corb ion, or ri sumotic e		Conditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF	ornatoris	0	Seo	<i>U</i>
d by the o		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	INSEQUENCE OF				5,00
Then plant to buring injury, o	NO		T CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION		
hos been to be been been been been been been been	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS RTIFYING CAUSES OF YES \( \bigcap \)	
s certificate buriol-transit Mental Hygic re them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
ter this c s the burn and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
for use of Health		22a.l certify that (I) (this has sow the deceased alive above. (I) (we) (dick (did	1/ 1/	196 / .01	nd that in (my) (our) apinion	a, to day	hour and from the cou	t (I) (we) lost ses stated
AL DIRECTORNIA DIR		226 SIGNATURE	conaule		ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE SIG	187
should be det with the State		224. PHYSICIAN'S NAME (TYPE			22e ADDRESS 7	575 RITCHIE HIG RNIE, MARYLAND 2		
	23a. I	BURIAL, CREMATION, REMOV	AL 236 DATE		EMETERY OR CREMATORY	CITY OR SOWN	COUNTY	state Florida
BP	24 F		23b DATE 1/10/87	Southern	emetery or crematory  Memorial Pa  250. DA	23d. LOCATION CITY OR TOWN Miami ATE REC'D. BY REGISTRAR 25%, REC	COUNTY	Fl.

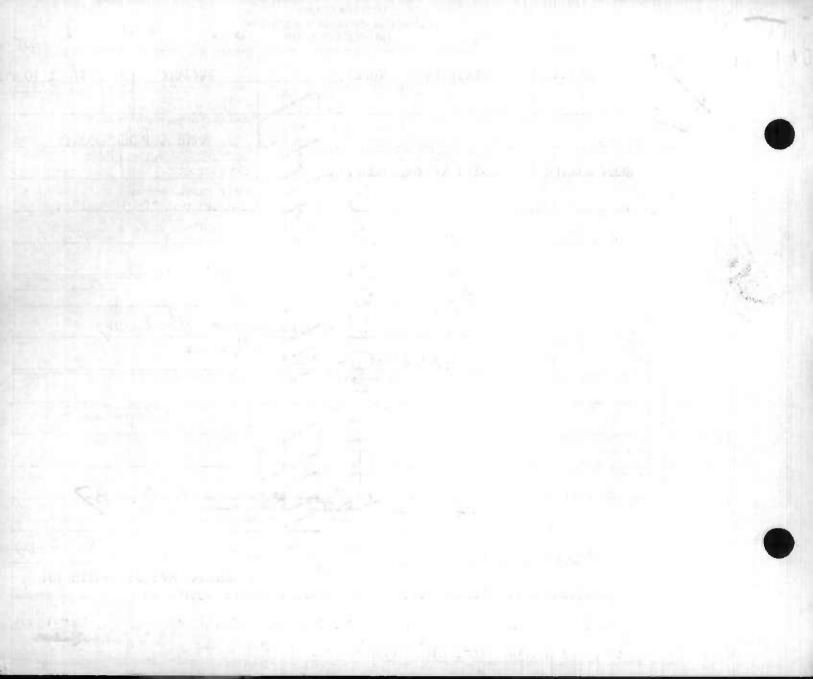
STATE OF MARYLAND

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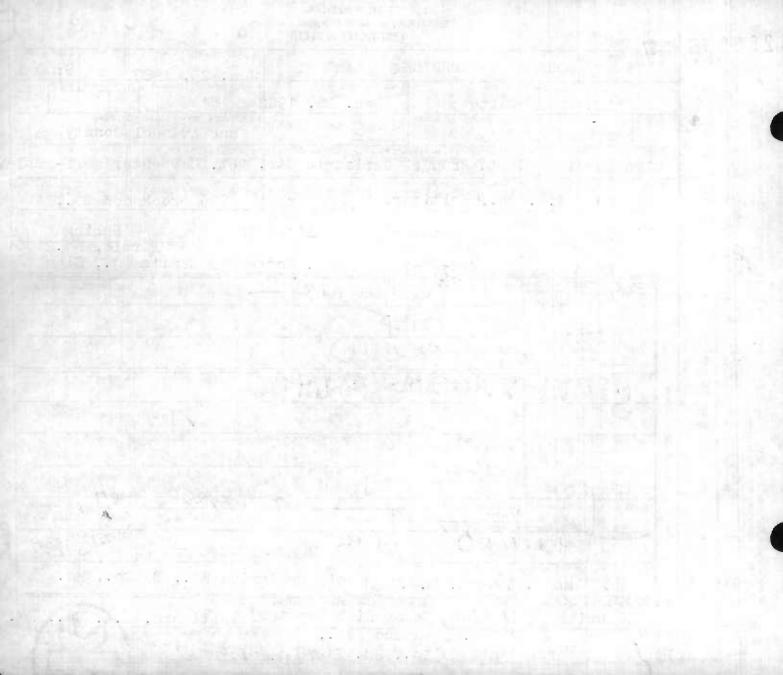
(VRA 15, 4)



GR. XGR. STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO CE ASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR PE OR PRINTS MARGARET VIRGINIA KUPER JANUARY 6. AGE (IN YEARS LAST BIRTHDAY) 3:5EX 4 RACE 5 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS MONTH DAY HOURS YEAR FEMALE 15 WHITE 14 L.BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED | ANNE ARUNDEL COUNTY 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL Homemaker BAITIMORE, MARYLAND 2120 RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI DE STATE 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Glen Burnie NO V 548 Munroe Circle 21061 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST Rova] Parker Helen McFee ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 215-22-0975 Ann Lowe 4932 Avoca Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse pendage or in the and its PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting the OBAS A CONSEQUENCE OF underlying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AL WORK 22a.1 certify that (1) (this hospital) attended the corosed from sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22d PHYSICIAN'S NAME ITYPE OFFERIN 22e ADDRESS 14 WELLHAM AVENJE, SJITE 101 234 LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY BP. Burial 1/22/87 Loudon Park Cemetery Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR S SIGNI LIRE 21229 DHMH - 16 60M 7/84 (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



STATE OF MARYLAND



#	1 DE	REGISTRAR CEASED NAME	FIRST	MIDDI		CERTIFI	EACH	EATH	RE 20. DATE OF DEA	G. NO. TH MONTH	DAY 15	YEAR 87	2b
g g	3 SE	× Fe	male	RACE VV	<b>)</b> ibyl hite	5. DATE O	DAY	YEAR DZ	6 AGE (IN YEARS L	ST BIRTHDAY)  84 YR	MON1	DER INEAR	+
125		IRTHPLACE (STATE OR COUNTRY) Engl	and	USA	L	WIDOWE]		ORCED	9 BALTIMORE CI	A.co			
143	A	NAPOLI	5	1. NAME OF HOS (IF NOT IN SUCH FAC Anne Ar	undel	Gene:	rother inst	spita	120 USUAL OCCU (TYPE OF WORK FOR A LHOUSEW	IPATION OST OF WORKIN	G LIFE)	ZE KIND C NDUSTRY HOUS	e
	130	AL RESIDENCE INF NUR STATE Md.	13b COUNT AAC		city or tow nnapol			NO 🗌	13 STREET ADDR	ESS / ZIP CO	dge	ct?	1
021		Richard			ackbur		Amy	MAIDEN NAA	MID		Ven	eab' <del>l</del>	e.
. Foger		WAS DECEASED EVER		WAR OR DATES)	51-03-		Iris	Cacho	A	DDRESS Sa	me	as #	
7 5 pt )		Conditions, if ony	which		A CONSEQUE		0	ins	i vati	9		Q	1.
permit. Their priors framework being prior to be reduce the framework on which the framework of their framework of the framew	IFICATION .	Conditions, if ony gove rise to im cause (a), stati underlying caus PART 2 OTHER SIG	mediate ng the e lost NIFICANT CO	DUE TO, OR AS	A CONSEQUE	ENCE OF			20a AUTOPSY?	20b. IF	YES, WI	N PART 16  ERE FINDING CAUSES	NG
s the businest come forms Their pleas Trentons and Mental Mygene prior to business of the Tobar contact from 18 shows only injury, or the Tobar Contact for the Tobar Contact from 18 shows only injury, or the Tobar Contact	MEDICAL CERTIFICATION .	gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [] LIF EITHER NOTIFY MED 21d INJURY OCCUR	IMEDIATE OF DEATH	DUE TO, OR AS  (c)  NOLITIONS CONTI	A CONSEQUE RIBUTING TO E N FOR WHICH JURY MONTH DA	OPERATION  AY YEAR  19	N WAS PERFOI	RMED	20a AUTOPSY?  YES NO  ED (ENTER NATURE O	20b. IF IN CE	YES, WI RTIFYING YES [	RE FINDI	NG S O
hould be detached for use as the burial front permit. Their plear methods in the State Dept, of Records and Mental Hygene prior to burial Connection.  ADDRIANT If here 21 is morked or them 18 shows any vilury, or the Tibah	CERTIFICAT	PART 2 OTHER SIGN ACCIDENT WAS UNDER CONTRIBUTING LIFE EITHER NOTIFY MED 21d INJURY OCCUPATION OR CONTRIBUTING LIFE EITHER NOTIFY MED 21d INJURY OCCUPATION OF CONTRIBUTING LIFE EITHER NOTIFY MED 21d INJURY OCCUPATION OF CONTRIBUTING LIFE EITHER NOTIFY MED 21d CEPTIFY THOU INDUSTRIBUTION OF CONTRIBUTION OF CONTRIBUTIO	IMEDIATE CONTINUES CONTINU	DUE TO, OR AS  (c)  NDITIONS CONTI  19b. CONDITION  19b. CONDI	A CONSEQUE  RIBUTING TO L  N FOR WHICH  JURY  MONTH DA  NJURY  ACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM, ETC.)	21c. HOW IN. 21f. LOCATION STREET	JURY OCCURR  JURY	20a AUTOPSY?  YES NO  ED (ENTER NATURE O	20b. IF IN CE FINJURY IN ITEM OR TOWN The date and	YES, WI RTIFYING YES 18 PART 1	COUNTY	the co

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I director, page 3 hours after death

040774 JAN G B TOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA **CERTIFICATE OF DEATH** 

L HYG	ENES	1	REG.	NO.	)	0			3		٧	
	20. DA		DEATH		ПН	DAY		YEAR	2	ь но	UR ()	TOMA
R	6 AGE		MAR ARS LAST E		Y)		_	DAY		F UNDE	_	RS. IN.
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	20a YES	AUTO	PSY?	IN	CERT	ES, V IFYIN	VERE	FINE	OING ES O	S USE F DEA NO [	D TH?	
CCURR	ED (EN	TER NAT	URE OF IN	JURY IN	ITEM 18	PART	1 OR I	PART 2	)			

	OR PRINT)		M				20. DATE OF DEATH	MONTH			26 HOUR
	CHAR	LES	ELL		LEE		TANDARY	0.4	19	87	1.00
3. SEX			RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER	I YEAR DAYS	IF UNDER 2.
	Male		Black		MONTH 1	1/20 <sup>0</sup> /46	40	YRS.	MONTHS	DATS	HOURS
	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF V	VHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEA	ATH	
	Md.		USA		WIDOWE		ANNE A	DUMDE	or co	INT	7
10. CIT	TY OR TOWN OF DE	ATH 1		OSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b K	(IND OF	BUSINES
34	GLEN_BURN	ITE /		L ARUNDEL		TTAI	TYPE OF WORK FOR MOST	OF WORKING I	Ta	te I	Prod.
13a. S	L RESIDENCE IN NUR		THER INSTITUTION	GIVE RESIDENCE SEFOR	E ADMISSION)		Le CYPEST ADDRESS	4 710 000			
	Md.	The Court	,H	Pasader		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 60 Magothy	Beac	ch Rd	. :	21122
14. FA	THER'S NAME			15-10-1		15 MOTHER'S MAIDEN NA	ME		-		
	Georg		IDDLE	LAST LAST	5-57	Lauraine	WIDDLE	lackso	on	LAST	
	AS DECEASED EVER	RIN U.S. ARM	NED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR			Mo	ah thu
{ Y	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-42-9	374	Delores Lee	60 Magoth	Bead	chRd.	2	gbthy 1122
	18 CAUSE OF DEA	TH (Enter only	one cause per	line for (a), (b), an	d (c)						MATE INTERV
	PART I. DEATH V	WAS CAUSED	BY:	Asom	Tim					16	5741
7	91.	MMEDIATE		1,4		,				UN	
	// 0		DUE TO, OR	AS A CONSEOU							
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	Conditions, if any	mediate	(b)			reumoma				10	layo
		mediate ng the	(b)		Inop!	reymonia				10	layo
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No	gave rise to im cause (a), stati underlying causi	ng the e last.	DUE TO, OR	Brone AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	IDITION GI	VEN IN P	ART 11a	dayo
ATION	gave rise to im cause (a), stati underlying causi PART 2. OTHER SIG	mediate ng the e last.	DUE TO, OR  (c)  ONDITIONS GO  CONTRACTOR  CONTRACTOR	Brong AS A CONSEOU  INTRIBUTING TO THE ATMENT	ENCE OF  DEATH BUT  EMIL	NOT RELATED TO THE TERM		/			
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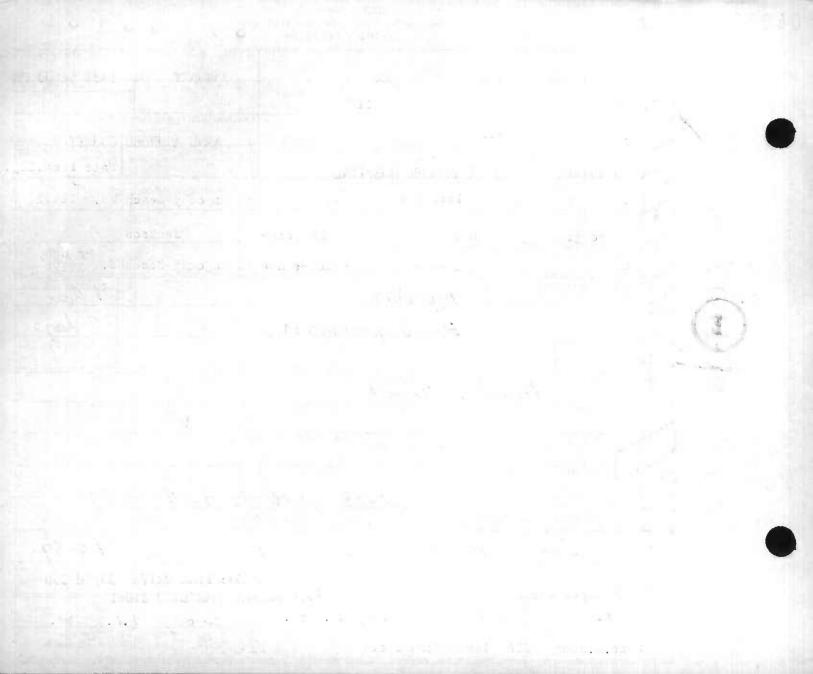
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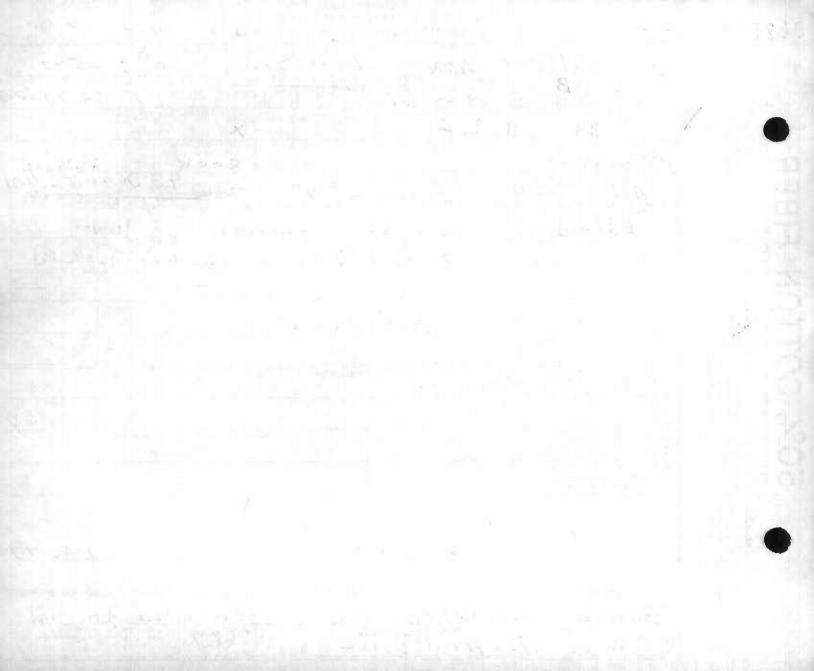
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Chas.A.Rice FSPA 1300 Eûraw Place Magothy A.A. Md.

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AMERICAN CANCER SOCIETY CANCER PREVENTION STUDY II REPORT OF DEATH	Division No.	Unit No.  / △ 3  Family No.	Group No.					
CPSII	004	05	Pe(soll No.					
Name: LEGO	CHAR	LES A	E					
Last Name	First Name							
Address: 1277 RITCHIE HWY UNIT 186 ARNOWD MD SHOTE								
Date of Death: 1/12/87								
Place of Death: ANDE ARUNDEL GENERAL ANNAPOLIS MD.  If hospital, give name of hospital City								
If hospital, give name of hospital City								
County of Death: ANNE ARUNDEL CO.								
For Use of Health Department Only	Comments:							
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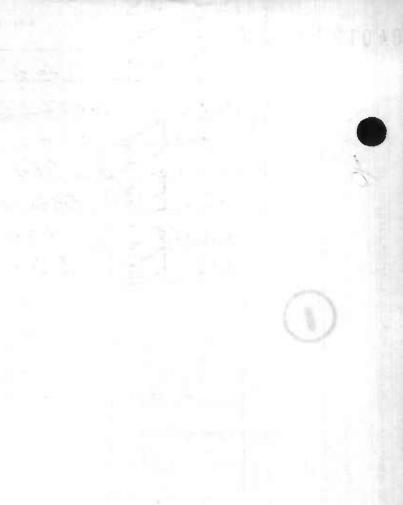
LEGENCEA, SECTION

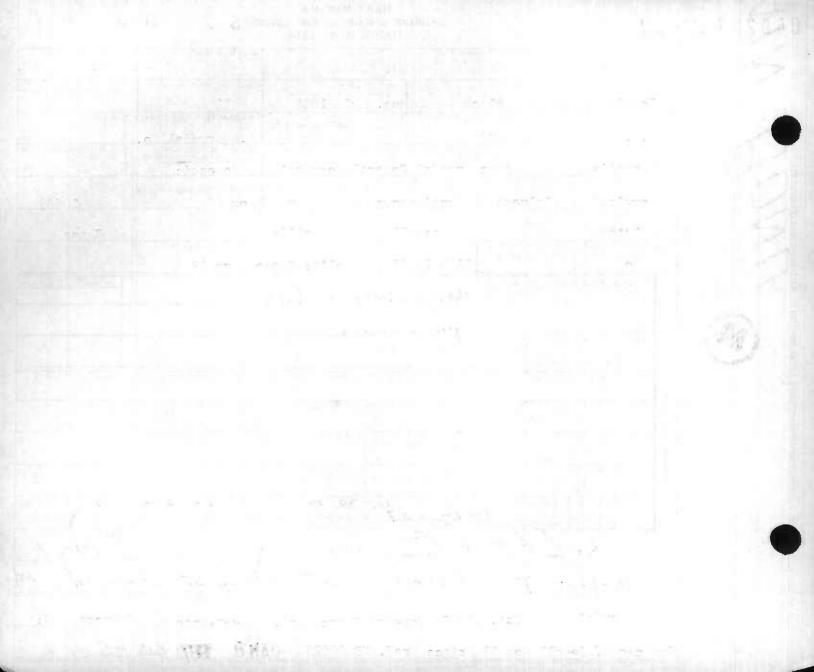
(30)?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH I DECEASED NAME MONTH LTYPE OR PRINTI 19:58PM 12 A. Leschinsky 87 Frank 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR White 12 21 04 82 Male 70 BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Kimbrough Army Comm. Hospital Retired Eort Meade USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 2070 136. COUNTY 13e.STREET ADDRESS / ZIP CODE Annapolis 8209 Main St. Annaplis, JCT MD. A.A.Co. 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Dutkiewuiz Katherine Leschinsky ADDRESS I MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Susannah Leschinsky 579-16-250 Yes Street, Annapolis, JCT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 72 Hours Cardiac Arrest IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Acute Myocardial Infarction Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO IT 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC I CITY OR TOWN COUNTY NOT WHILE 220 | certify that (1) (this haspital) attended the deceased fram \_\_\_ Jan Jan January 12-87, and that in (my) (aur) opinian death accurred an the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING 12 Jan. PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 274 PHYSICIAN'S NAME ITTE OF PRINT KACH; MED CLINIC, FT. Meade Hart, Mary B. 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE DHMH - 16 60M 7/84 (VRA 15, 4)

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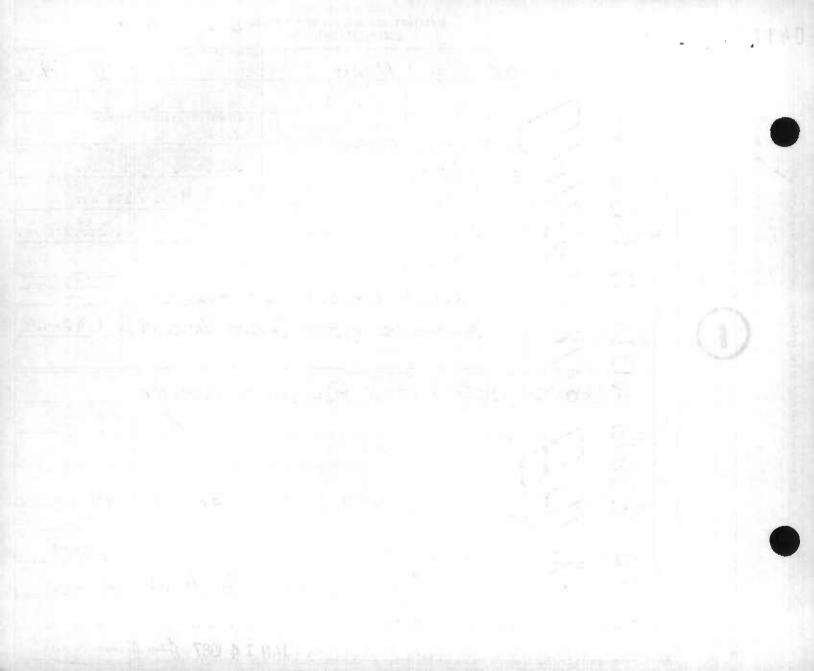




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	- 16 60M 7/84		NERAL DIRECTOR		11-12-8		LEAST	tview		250. DATE	Baltim		GISTRAR'S		VICE URE

Hardesty FH, 12 Ridgely Ave: Annapolis, Md. 21401

(VRA 15, 4)



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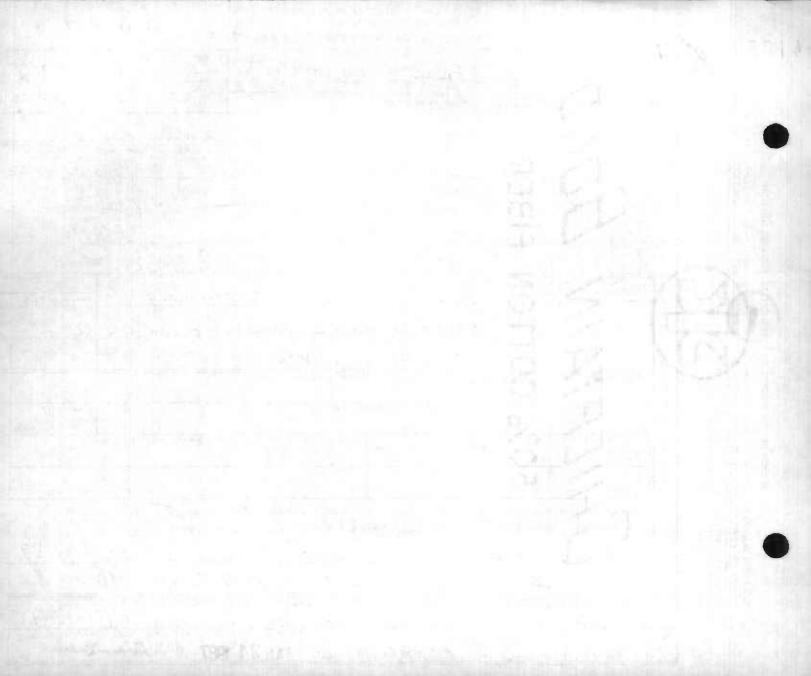
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STATE OF MAKILAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE OF DEATH PYPE OR PRINT rnice 3. SEX 4. RACE IF UNDER 24 HR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 900 In BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 134 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / YES D 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRS1 MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) mesMeikleighn-Annapolismo APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 19 0, and that in (my) (auctopinion death accurred on the date and hour and from the causes stated saw the deceased alive an above, (1) (we) did) (did not) yew the bady after death. 22b. SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22+ ADDRESS LIMB OF PRI d b PORT shoul with 23a BURIAL, CREMATION, REMOVAL THE MAME OF CEMETERY OR CREMATORY 23d LOCATION 33b DATE CITY OF TOWN BP BY REGISTRARISS REGISTRAR'S SIGN DHMH - 16 60M 7/84 (VRA 15, 4)



BP. DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR OBERT SEVERNA PARK, MD.

1-10-1987

CHARLES J. WU, M.D.

224 PHYSICIAN'S NAME (TYPE OF PRI

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

Kilgore City Cem. Kilgore Kilgore Texas 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE ha diendern Kee

7845 OAKWOOD ROAD #204

23d LOCATION

GLEN BURNIE, MARYLAND 21061

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

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2b HOUR

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126. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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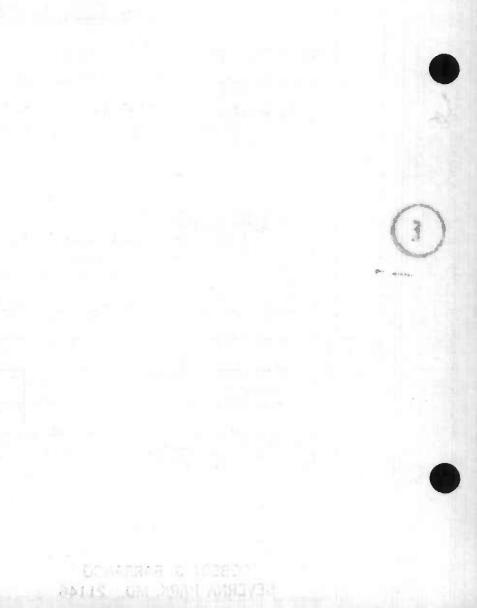
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IF UNDER 1 YEAR



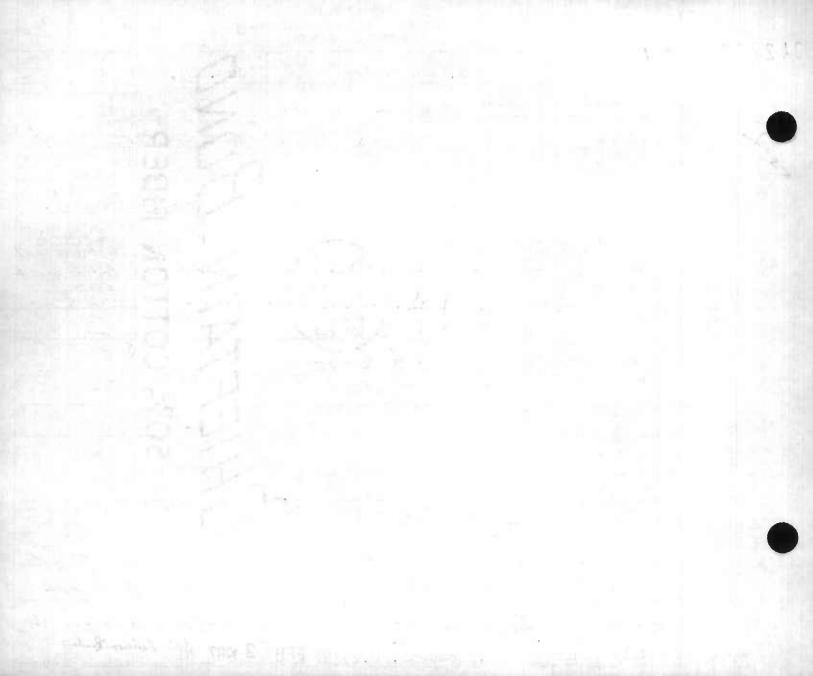
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	ALOR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours often death. Page 4 m the hospital or attending physician.	AL DIRECTOR. After this certificate has been signed by the office of the control ond completely filled in by the funeral director. It letached for use as the build-frontif permit. Then please removements the pages 1 and School be filed within 72 hours.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DEGEASED NAME MIDDLE 20 DATE OF DEATH 25 HOUR TYPE OR PRINT! Effie Jan. 28,1987 J. Merica 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE S DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR White Female 1900 86 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED VIRGINIA ARUNDEL DIVORCED WIDOWED M ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSE WIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21226 130. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? CURTIS 6315 Arunde] Maryland Cove Ave. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE EONARD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 STREET WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from ., and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did per view the body after death 225 SIGNATURE DEGREE 72: DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO FUNERA should be de with the Stat MPORTANT 224 PHYSICIAN'S WAME 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL ELK RUN CEMETER 24 FUNERAL DIRECTOR Tickneck

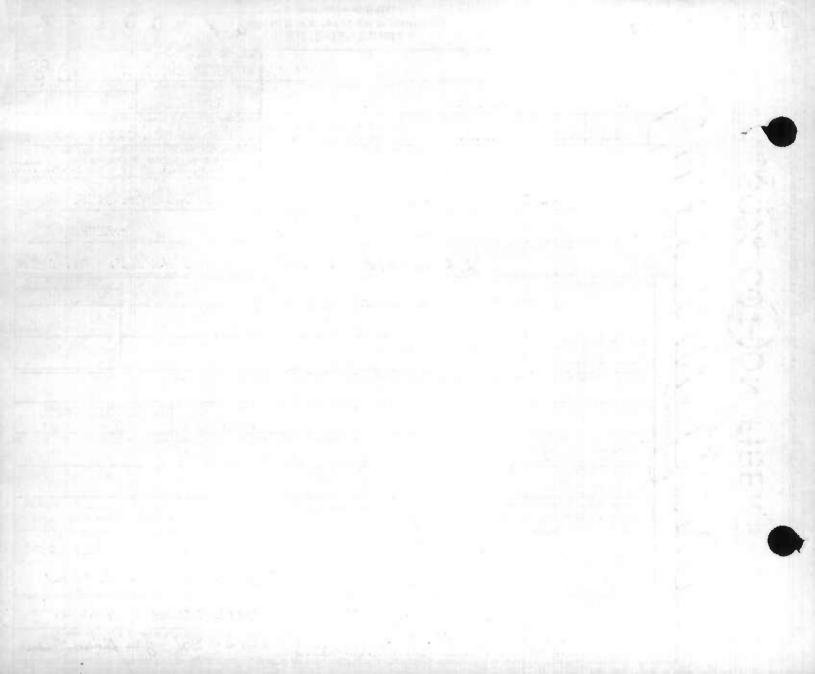
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DHMH - 16 60M 7/84 (VRA 15, 4)

Funeral



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requires that the death of the state of the	NOI	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gave rise to immediate cause (o), stofting the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	NCE OF	DT RELATED TO THE TE	RMINAL DISEASE OR CONE	Ye	JIMATE INTERVAL ONSET AND DEATH		
The low rion. In permit.	CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH (			200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES  YES	NGS USED OF DEATH?		
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HOSPITAL OR ATTEND ined by the hospital of FUNERAL DIRECTOR, A build be detoched for use in the State Dept of Heal ORTANT; If hem 21 is many than the state Dept of the state		22d PHYSICIAN'S NAME VIVE	wew the body a	Her death 19	7 DEC	ATTENDING PHYSICIAN 20 ADDRESS	DIRECTOR PHYSIC	te and hour and from the	SIGNED		
BP	23o E	URIAL, CREMATION, REMOVAL SPECBURIAL		23c. N	AME OF CEM	ETERY OR CREMATOR	Y 23d LOCATION ERY BALTIM	ORE MARYL	AND STATE		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOR SOL LE	VINSON & N RD. BA	BROS., II	NC. MARYLAN	ND 21215	JAN 2 8 1987	Sh. REGISTRAR'S SIGNAT	URE Production		



STATE OF MARYLAND

the Philippin of made and the free mother of the middle game of Actorition is a male 

		CEASED NAME FIRST		MIDDLE	11 11		20 DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
noy be poge 3 r death	LIAME	Edna	M	lay /	VITO	HELL	1-8	- 8	7	10 PM
moy fer d	3. SE	(	4 RACE		5. DATE O		6. AGE   IN YEARS LAST BIRTH	(DAY) IF L	UNDER I YEAR	IF UNDER 24 HRS
ge 4		Female	Whit	e	May	24, 1902 YEAR		84 YRS	DATS	MIN.
P P P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIET	□ NEVER MARRIED □	9 BALTIMORE CITY OR	COUNTYO	DEATH	
n 72		Pennsylvania	United	States	WIDOWE		Anne Aru	ndel Co	0.	MD.
A Co		TY OR TOWN OF DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE)	INDUSTRY	F BUSINESS OR
by 8		Severna Park AL RESIDENCE LIF NURSING HOME O		an Nursi		ter	Western U	nion	Commu	nications
and Seed of the se	13a S	Md. 13b COU	NTY	Severna	/N	136 INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS / Truck House		/ 2114	6
1 & A		THER'S NAME	MIDDLE	LAST	1.00	15. MOTHER'S MAIDEN NA	WE		LAST	
المامول		Lafayette		Evans	-	Martha			-Unkno	
dicol	16a. V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRES	The state of the s		
Pog.		YES NO OR UNKNOWN) (IF YES, GI		221-09-	7524 <b>–</b> A	Anna Cahil	L1 735 Askew	ton Rd	. S.P.	MD.21146
the de		18 CAUSE OF DEATH Enter a	nly ane cause per	line far (a), (b), ar	nd (c)				APPROXI/ BETWEEN C	MATE INTERVAL DNSET AND DEATH
pho pho		PART I. DEATH WAS CAUSI	ED BY: .TE CAUSE (a)	druce	ul	Renal Je	eleve			
0			DUE TO O	R AS A CONSEOU	ENCE OF					
on on		Canditions, if any, which	( b)_		6	clubetes		45.74		
1111		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEOU	ENCE OF		A 10 1 1 1 1 1 1	-	1100	
# 8 J		underlying cause tast	( (c)		2			1300		
o beria	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN	IN PART ) Id	
	CATION	190 DATE OF OPERATION	TION COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS LISED
11111	14.					THE TENTON TENTO		IN CERTIFYIN	NG CAUSES	OF DEATH?
1144	CERT	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INHER	YES [		но 🗌
1117		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D			TEO (E-TERTITIONE OF TISSUE			
1111/	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINE  21d. IN JURY OCCURRED		M. OF INJURY	19	211 LOCATION				
t de par	ME	WHILE NOT WHILE AT WORK		REET FACTORY, OFFICE,	FARM ETC )	STREET	CITY OR TOW	2	COUNTY	STATE
95 6		22a. I certify that (I) (this hosp	ital) attended th	ne_deceased fram_		19 57	10 1-7	. 199	57	that (I) (we) last
22 4 4 5 8	100	saw the deceased alive ar abave, (1) (we) (did) (did no	1-	6 19	87, an	d that in (my) (our) opinion	death accurred an the dat	e and have a	nd from the o	causes stated
E F E		22b SIGNATURE	of view the body	affer death.		EGREE			22c. DATE	
2000		Oplan.	1.	relim	~ 2	ATTENDING PHYSICIAN	MEDICAL STAFF	AN $\square$	1-	9-87
# N N N /		224 PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS				
D # H BO A		John D.	Juell	Som		1833 Page	ght Mr.	lun	exist	3 Mil
H-318		BURIAL, CREMATION, REMOVAL				METERY OR CREMATORY	23d LOCATION		OUNTY	STATE
		SPECIFY) Burial	1-12-	1987 R	ıvervi	ew Cemetery	Wilmington	1		Del.

SEVERNA PARK, MD. 21146

040895 JAN 16

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

T - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

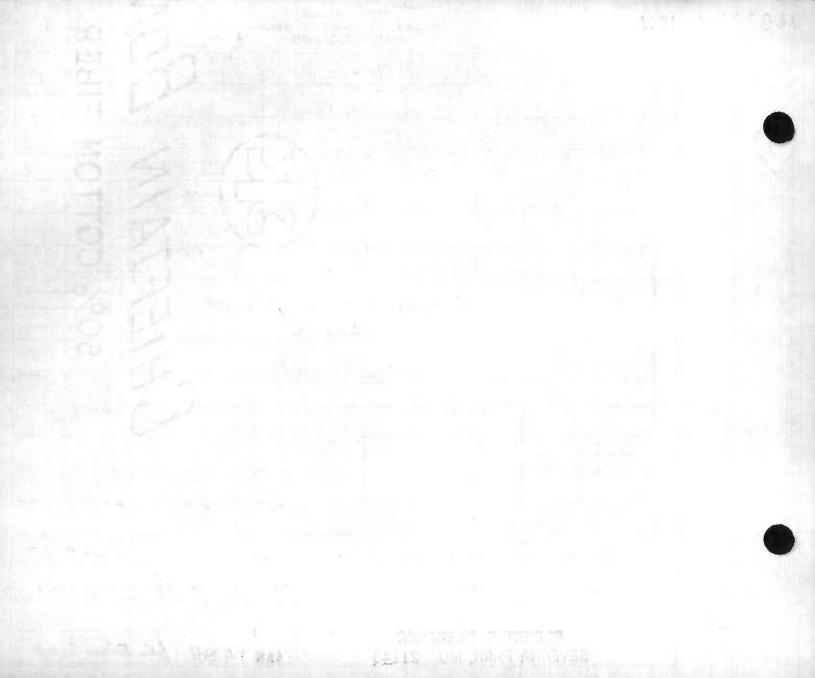
CERTIFICATE OF DEATH

REG. NO.

26 HOUR

Julia Divider Rendals.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



12, 1939 | PCP1 | 1879 Value of the Control inglaminasia tajan ili Elimenti an per control Large Pero Cille Falti. SM salponent to the time to Leivel i-1-17 in Lincoln non, stendagon, vr. Unc. Ud. The dance cannon tune, talque, to.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	, 0	0.4	
1	1 DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	NONTH DAY	YEAR	2b HOUR
	(TYPE OR PRINT) GORDON	N L.		LOON SE.	JANUARY	20	1987	м
1	3 SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTH	IDAYI IF UI	NDER I YEAR	IF UNDER 24 HRS
	Male	White	Sept		74	YRS	INS DAIS	7,000
1	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	M	9 BALTIMORE CITY OF		DEATH	
2	Maryland	United States	WIDOWE	DI DIVORCED	Anne Arun	del		MD.
	10 CITY OR TOWN OF DEATH Pasadena	11. NAME OF HOSPITAL, NURSING PROTECTION OF STREET 7704 Queens Pag	NG HOME O		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MECHANIC	ON I		n Mtrs.
1	USUAL RESIDENCE (IF NURSING HOMEOI 136 STATE 136 COUR Maryland Anne	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136 CITY OR TOW Arundel Pasaden	VN 1	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 7704 Quee:	ns Park	Rd.	21122
4	FATHER'S NAME Harry	Middle Moon		Sårah	WE		TH	ump
Ī	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRES	SS	1179	
	NO (YES, NO OK UNKNOWN)	218 03	3290	Violet W. Mc	oon (S	ame as	13a-e	e)
	Conditions, if any, which gove rise to immediate couse iol, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  WITH  19b. CONDITION FOR WHICH	ENCE OF		AINAL DISEASE OR COND	20b. IF YES, W	ERE FINDIN	IGS USED
					YES NO	YES [		NO [
	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	HOUR A.M. MONTH D	AY YEAR	216 HOW INJURY OCCUR				
H	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, J. L.	STREET	CITY OR TOW	4	COUNTY	STATE
	220.1 certify that (1) (this hasp sow the deceased alive on	mall attended the deceased from	37.00	d that if Imy) (ear) opinion	to death occurred on the de	10 19 te and hour an	d from the c	
	Of M. Me	Further.	mis		MEDICAL STAF		1/20	187
	22d. PHYSICIAN'S NAME (TYPE O	Laughlin		3768 Moun	Hain Rd.	Pasar	leas,	nuck
	230 BURIAL, CREMATION, REMOVAL	23b. D/ATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COU	INTY	STATE
	Burial	Jan. 23, 187 C	edar F	Hill Cemetery	Baltimore	Ann	e Arur	ndel MD
	24 FUNERAL DIRECTOR	3204	Mount	250. DAT	E REC'D. BY REGISTRAR	Sh. REGISTRAR	'S SIGNATI	JRE

3204 Mountain Rd.

Pasadena, MD 21122

JAN 28 1987

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Minimon Hudasa

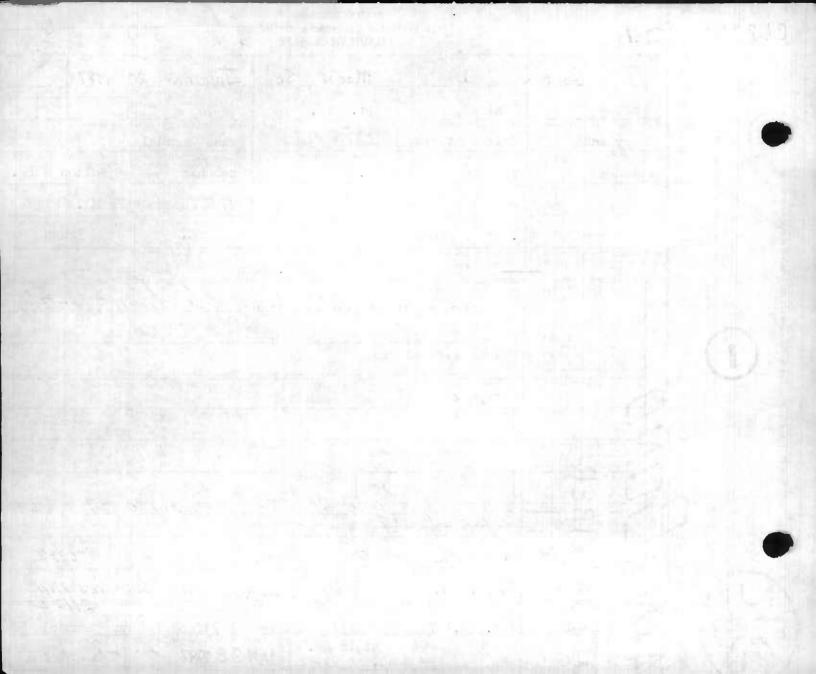
DHMH - 16 60M 1/75 (VRA 15 (4))

24 FUNERAL DIRECTOR

McCully Funeral Homes

BP

TO HOSPITAL



	1	FOR	DEDA		E OF MARYLAND EALTH AND MENTAL H	VCIENE C	0 0	1) 4
42562 FEB	-21	STATE REGISTRAR	DEFA		ICATE OF DEATH	REG. NO.	0 %	EST
		CEASED NAME EIRST	MIDDLE		AST	20. DATE OF DEATH MONT	H DAY YEAR	7b. HOUR
page 3	(""	JOHN	J	MORGA	N	JANUARY :	23, 1987	1130 PM
a do	3. SE	Х	4 RACE	5. DATE C		6 AGE   IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS
ge 4	1	Male	White	79NT	10 04	82	YRS.	MIN.
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de d	1 .	Maryland	U.S.A.	WIDOWI	D DIVORCED	ANNE ARUN		7110.
on the fi	10. C	GLEN BURNIE	1) NAME OF HOSPITAL, NUL (IF NOT IN SUCH FACILITY, GIVE SI NOR I'H ARUNDE	TREET ADDRESS)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR  Conductor	IZE KIND CONTROL INDICATED	of Business or O Railroa
ND 2120	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BY 136. CITY OR TO LET BY	OWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 922 Andrews R		
XIV	14.F	ATHER'S NAME			15. MOTHER'S MAIDEN	VAME		
MAR > p	W	John	J. More	gan	Mollie	B alddiw	IAS	ST
DRE, Mecut		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)   ] IF YES, G			17. INFORMANT	ADDRESS		
TIMO	L	No	705-12-	-4393	Daisy E. I	Morgan Same as		
that the death certifical by the ottending case remove corp. The ottending corp.		PART L DEATH WAS CAUS  IMMEDIA  Conditions, if any, which gave rise to immediate coust (a), stating the underlying couse less.	DUE TO, OR AS A CONSE	Cla	rlione	of siver		DANT PREVAIL
RDS, 20	NO	PART 2, OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	rminal disease or condition	ON GIVEN IN PART 11	lo ·
AL RECORDS, he low requir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206	IF YES, WERE FINDII CERTIFYING CAUSES YES	NGS USED S OF DEATH? NO
NG PHYSICIAN: T ottending physicial ther this certificate on the bund-throns on the annual Hysician or the annual Hysician or them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN IT	EM 18 PART   OR PART 2)	
ONO HYSIC Iding Mento Mento Mento Mento	MEDICAL	(IE EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
VISIC G PH otten otten ond / ked o	N N	WHILE NOT WHILE N	(AT HOME, STREET, EACTORY, OFF	FICE, FARM, ETC ]	STREET	CITY OR TOWN	COUNTY	STATE
3 0 0 0 0		AT WORK AT WORK	oital) appended the deceased for	)m	1/15	7 10 1/23	10817	that (I) (we) last
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OR ATT OR ATT DIRECTO		22h SIGNATURE	ot) riswithe body after death.	1	DEGREE		22c. DATE	SIGNEDIA
At D detoc		1091	algest	119	ATTENDING PHYSICIAN	MEDICAL STAFF	0/0	24/811
TO HOSPITAL retained by the TO FUNERAL with the State IMPORTANT. If		ELMO M. GAY	OSO. M.D.		ARNOLD.	73-F PENINSULA MARYLAND 21012		
ρ	230	BURIAL, CREMATION, RIMOVA (SPECHY) Burial	1/28/87	Glen Ha	emetery or Cremator Liven Mem Parl	Y 23d LOCATION		Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	eorge J. Gonce	4001 Ritchie	Hgwy Ba	lto Md 250	AN 28 1987	EGISTAR'S SIGNAL	WRE

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					STAT	E OF MARYLAND			
	1.	FOR STATE		DEPAR	TMENT OF H	EALTH AND MENTAL HY	GIENE,	0020	0
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4 5 0 0 1 LFR-1		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH MO	INTH DAY YEAR 26	HOUR P
od p od	{ 1YPI	ELIZA	RETH	S.	MUEL	TED	TANIJADY 20	1007	- •
moy b	3 SE		14 RACE	υ.	5. DATE O		JANUARY 30		:15 M
4 54		Formal o	101.24		MONT			MONTHS DAYS HO	DURS MIN.
Pogaris	70 R	Female RTHPLACE (STATE OR FOREIGN	Whit	WHAT COUNTRY	Apri	1 15, 1909	//	YRS.	
# 22 X 20		COUNTRY)	76 CITIZEN OF	WHATCOUNIKE	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
Se S		rbana, VA		SA	WIDOWI		ANNE ARUND		MD.
# # Z < # Z / E / L		TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION		JSINESS OR
20 20 20		LEN BURNIE		ORTH ARUN		SPITAL	Retired	Insura	nce
Sa hou	13a	AL RESIDENCE (IF NURSING HOME CO	OTHER INSTITUTION	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		
AND 24	M		AA A	Glen Bu		YES NO	412 Seventh	Ave. N.E.	21061
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. F/	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		
ed within 24 mpletely filled filled should foot a should		Jeter	MIDDLE	Sisso	n	Sarah	MIDDLE	B1a	ko
	160 V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC		17 INFORMANT	ADDRESS	Westminster	21157
BALTIMORE, cote be execut or be execut or ond co opers. Pages 1 wol.	(	YES, NO OR UNKNOWN)   I IF YES, G	IVE WAR OR DATES	087-10-	57/1	Patricia M.		Barnhart Roa	
MITH Con Cron Cron L.	-					Tracticia M.	Sittley, 143		
ficat ficat pop nava ent, t		18 CAUSE OF DEATH (Enter to PART I. DEATH WAS CAUS	nly one cause pe ED BY.	r line for (a) (b).	Maria anno	no Indalation		APPROXIMATE BETWEEN ONSE	T AND DEATH
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		couse (o), stating the underlying couse lost.	DUE TO, C	R AS A CONSEQ	UENCE OF				
5 # 11		underlying couse lost.	(c)_						
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ORD A	CERTIFICATION								
BC 1 2 1 1 1 1	O.A.	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Db. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	USED
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NOF SICIA ng pl certif riol-r entol	AL	OR CONTRIBUTING CAUSE OF DE	~101	.M.	19				
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DIN OF SECOND		220.1 certify that (1) (this hosp	ital) attended t	ne deceased from	1-	20 10 89	10 1-30	10 87 that	(I) (we) lost
TEN Dirtol TOR ST He		saw the deceased alive at	1-3	19	17/1	nd that in (my) (our) opinion	death occurred on the date		, ,
REC REC		obove, (f) (we) (did) (did no 72s. SIGNATURE	of the body	offer death.	-	DEGREE	7	72t DATE SIGN	
the horacle of the ho			100/	2 11-	n	Mb. ATTENDING	MEDICAL STAFF	1 2-	-87
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O HOSS	11/2					300 H	OSPITAL DRIVE		
0 0 0 1 1 E	-	LONG S. H					BURNIE, MARYL	AND 21061	
	/Je E	URIAL, CREMATION, REMOVAL	7 7 7 7 7 7	Sec. 170 1		EMETERY OR CREMATORY	23d LOCATION	COUNTY	3 STATE
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DHMH - 16 60M 7/B4	24 FL	INERAL DIRECTOR		ADDRESS		144	E REC'D BY REGISTRAR 25	REGISTRAR'S SIGNATURE	
(VRA 15, 4)		James S. Kir	kley, G	len Burn	ie, MD	1 20	1981	lia Davidson-Road	inch

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Takoma Euneral Home.

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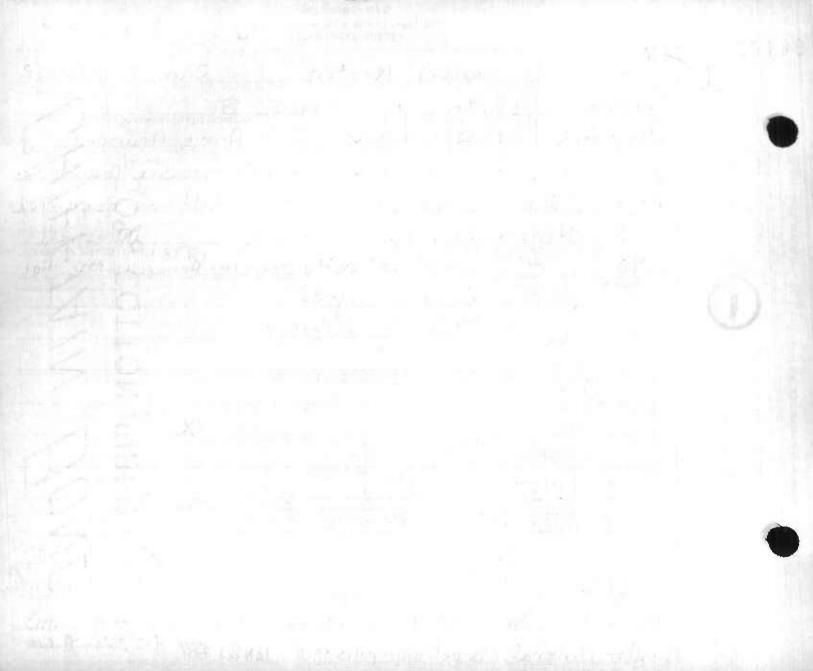
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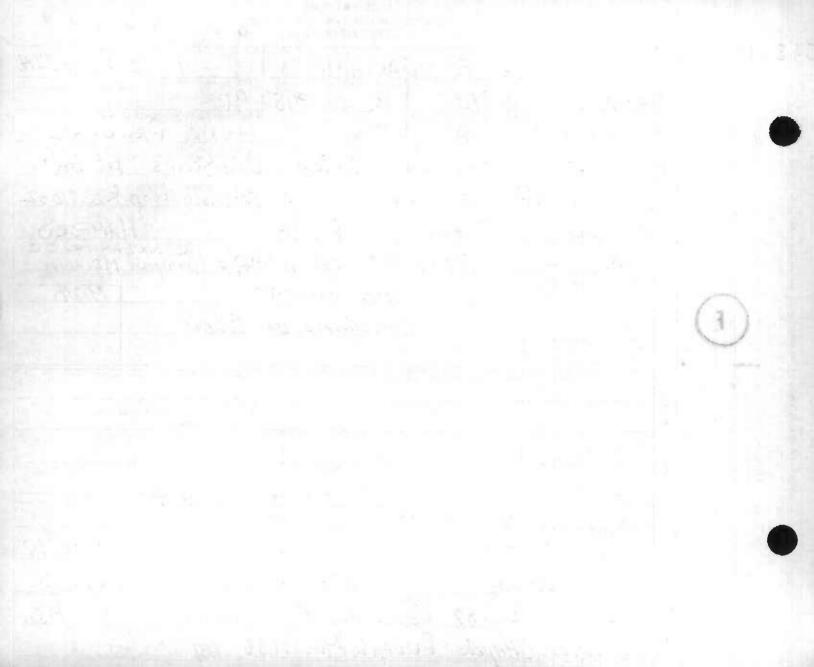
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11101	18:C	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		INSTITUTION	12a USUAL OCCUPATI	ON 126 KIND OF WORKING LIFE) INDUSTR	OF BUSINESS OR
5 1 1	0	rownsville	10 11 1	indel Nursi	ne Cotic	Ret Execu		Cola Co.
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3 1 21-1	11.5	THER'S NAME	H- Crown		HER'S MAIDEN NA	Maintield	-000 Roa	1037
1 10 10	15.00	E4EST 1	MIDDLE	Is. MOTE	FIRST	WE		ASI
3 1 F8060		O. Hir	am Stan	leu C	orlen	a	Mars	ball
d d d	160 \	VAS DECEASED EVER IN U.S. AR YES IND ORUNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIALS	ECURITONO. 17 INFO	RMANT	ADDRE	& Lindam	oor Dr.
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× 1 610 f		underlying cause last.	DOE TO, OK AS A COINSE	QUENCE OF			-	
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SEC TO SEC	FICAT	196 DATE OF OPERATOR	19b. CONDITION FOR WH	IICH OPERATION WAS PE	RECRMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	SINGS USED ES OF DEATH?
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	730 E	URIAL, CREMATION, REMOVAL	23b. DATE 2	130 NAME OF CEMETERY		23d LOCATIONS	. COUNTY_	STATA
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(VRA 15, 4)	To	Wor Tuner	ral Chapel	Annapolis	mil	AN 2 1 1987	Julia Davidon	w. Kandalle

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0110	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF HI CERTIFI	ALTH AND MENTA	Tank .	REG. NO	0 0	2 0	7
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or offer agent Pr	MC C	TY OR OWN OF DEATH II.	CITIZEN OF WHAT CO  USA  NAME OF HOSPITAL, (IF NOT IN SUCH FAGILITY, CA  AIRFIELD	MARRIED WIDOWEI NURSING HOME O GIVE TREET ADDRESS)		DN 120 USUA	NORE CITY OR  NO CCUPATION  OR OR OST OF		W OF	MD. SUSINESS OR
ned within 24 hos organizativ filled in Acros should be several per find to	13a. S	THER'S NAME  WITHER'S NAME  WIDE  WIDE  WIDE  WIDE	- PREU	OR TOWN LAST	13d. INSIDE CITY LIM YES NO S 15. MOTHER'S MAID	A FAIR	T ADDRESS /	LOOP M	RD &	1032 RD
cote be execu		VAS DECEASED EVER IN U.S. ARMER VES. NO 91 UNIVOWN) (IF YES. GIVE WA IB CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B'	ar OR DATES) 217-	11, (b), and (c)	HAZEL J	Di Maggio	186,	Apolis, I	MD.Z	1401 ATE INTERVAL SET AND DEATH
quires that the depth certificate be executed by the second control of the please of the second of the please of the second of t	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CC	CAR E	NOT RELATED TO TH		LAW ASE OR COND	ITION GIVEN I	N PART 1(a)	
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PAGE PHYSICIAN, The faw required or otherding physician.  In other this certificate been signed as the burion hashing permit. Then sith and Mentol Hygiere prior to be noticed on teet 18, Mentol Hygiere prior to be noticed on teet 18, Mentol Agriculture.	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this hospital)	HOUR A.M. MON P.M.  21e. PLACE OF INJUR (AT HOME STREET, FACTOR	Y Y, OFFICE, FARM, ETC.)	211 LOCATION STREET	74	CITY OR TOW	/N (	COUNTY	STATE at (I) (we) last
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	URIAL  JUNERAL DIRECTOR  JUNERAL	HADEL	NEDHR ADRIVUAR	lis MyD-	250. DATE REC'D. B	1987	Sb. REGISTRAR	5 SIGNATUR	₹E

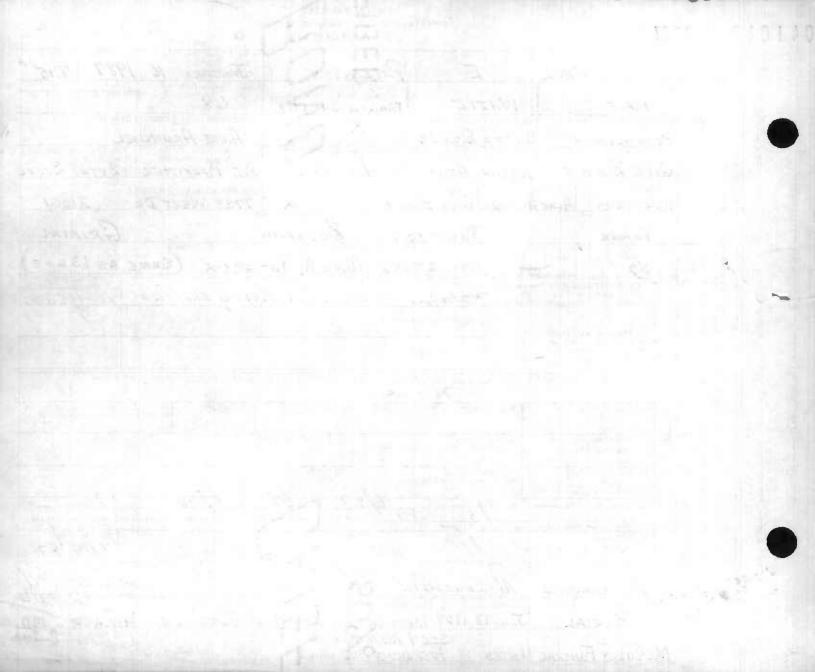


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		FOR		DEDADYN		OF MARYLAND EALTH AND MENTAL HYGI	FMF		
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nay be page 3		CEASED NAME FIRST	Prom.	PARSO	NS K	BANDEN SWANN	1-4-87	MONTH DAY Y	EAR 26 HOUR
4 may or, pog offer d	3. SE		4. RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DATS HOURS MIN.
age threat	7. DI	Male RTHPLACE (STATE OR FOREIGN	Caucas	WHAT COUNTRY?	April	18, 1913	73	YRS.	
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n and co		VAS DECEASED EVER IN U.S. A (IF YES, G YES, NO OR UNKNOWN) (IF YES, G W	RMED FORCES?	579-09-6		Michael J. P.	arsons Cro	ss 5 Severny wns <b>v</b> ille,	iew Drives
physical branch		IN CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY:	line for (0), (b), one  12010 - 1	2651	PINATONY	FAILUR	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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O o d o o E		220 I certify that (I) (this hosp sow the deceased alive a abave, (I) (we) (did) (did n			7 . on	d that in (my) (our) opinion d	eath occurred on the d	ate and hour and from	, that (It (we) lost
1 OR ATTEN the hospital L DRECTOR: trached for us e Dept. of Hem 21 is		abave, (1) (we) (did) (did n	ot) view the body	ofter death.		DEGREE ATTENDING	MEDICAL STA	224	DATE SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE OF DEATH MONTH 2h HOUR r death 198 EARL JANUARY IF UNDER I YEAR 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX WHITE MARCH 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ENNSYLVANIA WIDOWED DIVORCED HRUND EL 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HRUNDIFL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13e. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BURNIE NO N WEST IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE ULLAH RIMM FRANK ATTERSIN ADDRES: 160 WAS DECEASED EVES IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME AS 13 A-E 123456 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line to (10), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20h. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ Hygi 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (ever) opinion death accurred on the date and hour and Iram the causes stated above, (1) (we) (did not) view the body after death. 226 SIGNATURE DEGREE 29: DATE SIGNED ATTENDING MEDICAL STAFF 120 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS the the CLAUGHLIN 4.it ANDALL 0 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN [ SPEC IFY] JAN. 13, 1987 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S MENATURE 24 FUNERAL DIRECTOR 3204 MOUNTAIN RD DHMH - 16 50M 4/83 (VRA 15, 4) MASADENA, MID



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10	1-	STATE REGISTRAR			TE OF DEATH	REG. NO		
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ige 4 may be rector, page 3 urs after death	3. SE X	MALE	White	S DATE OF BI	DAY YEAR 24 32	6. AGÉ (IN YEARS LAST BIRTH	YRS.	DAYS HOURS MIN.
eoth. Po	cc	STHPLACE (STATE OR FOREIGN BUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED		9. BALTIMORE CITY OF	Arunder	MD.
by the third with		Ft Meade	(IF NOT IN SUCH FACILITY, GIVE SPRE	ET ADORESS)	THER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WOOKING LIFE) 178. KII	STRY O
filled in bhould be if		LESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF	nton YI	INSIDE CITY LIMITS? ES NO MOTHER'S MAIDEN NAM	13a STREET ADDRESS	Idwin	Rd21113
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MORE, on ond con on ond con on one on one one one one one one one	16a, W {Y	(AS DECEASED EVER IN U.S. AR. es, no or unknown) (IF yes, give	MED FORCES? WAR OR DATES)  2/2-3	2-4555	MAKI! YN	1C Phe	es of	THE AS
on ST., BALI h certificate ding physicia or for puper of removal.		PART I. DEATH WAS CAUSE	ly one cause per line for (o), (b), D BY: E CAUSE (a) Caroli DUE TO, OR AS A CONSEG	oresper	aton a	rest	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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805, 301	NO.	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING T	<u>O DEATH</u> BUT NO	T RELATED TO THE TERM	INAL DISEASE OR COND	SITION GIVEN IN PA	RT 1(a)
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION V	VAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE FIN CERTIFYING CAL	INDINGS USED LUSES OF DEATH? NO [
V OF VITA SICIAN: TI ng physicia certificate fiol-transifientel Hygi frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	AIRI	DAY YEAR	I. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAR	RT 2)
PHYY PHYY Pendir Phys Phys Phys Phys Phys Phys Phys Phys	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		f. LOCATION STREET	CITY OR TOW	VN COUNT	TY STATE
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Al OR the hor the hor the hor the hor the hor the hor the Dephe of T. If then T. If then		22b. SIGNATURE	Zugul	MI	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN [	- 11-87
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BP	24. F	UNERAL DIRECTOR	Week ma	- Landsii		REC'D. BY REGISTRAR		
(VR A 15 (4) ) 9/74	Si	ngleton Funeral	Home, Glen Bu	rnie, Md	. JAI	1 3 1987	Aulia Davido	on. Randall

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SEX		4 RACE	5. 1	DATE OF	BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
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1	0 CITY	Y OR TOWN OF DEATH		OSPITAL, NURSING H		OTHER INSTITUTION	120 USUAL OCCUPATI		NOUSTRY	F BUSINESS OR
1	EDG	BEWATER	Pheasan	+ LIVING CA	NOA	lescent Cent	Z			
П	13n. ST.			13c. CITY OR TOWN	1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2	1chan
4		YLMND	A.A.	ANNAPOLIS		YES NO	214 Croll	Drive	1000	705
1	MA. PAIN	HER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAS	1
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ij			YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY	NO.		nnapolis, DD			
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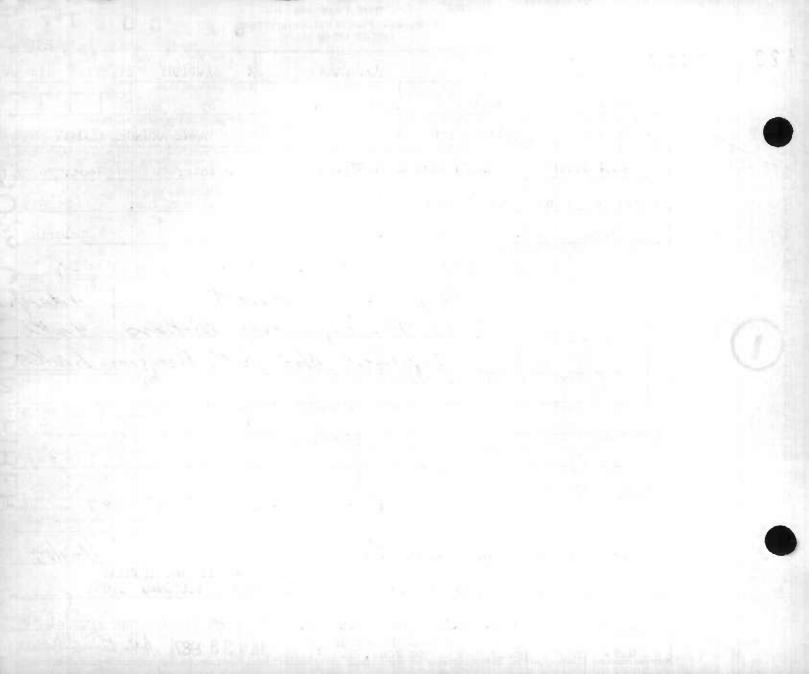
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(VRA 15, 4)

McCully Funeral Homes



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		frer p		3. SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY) IF I		IF UNDER 24 HRS
		ge .	99		Male	White	Apri	1 15, 1921	65	YRS		
1		Party	25		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	United States	8. MARRIE WIDOW	DIVORCED D	9 BALTIMORE CITY	ARUNDE		Y MD.
	aT'	THE.	54		TY OR TOWN OF DEATH  GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET NOR I'M ARUNDE	(DDDESS)	OR OTHER INSTITUTION SPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Engineer		INDUSTRY	BUSINESS OR C
and a second	KTLANDZI	vithin 24 hou etely filled in	The state of the s	13a S	AL RESIDENCE (IF NURSING HOME OI STATE 136 COUI aryland Anne STHER'S NAME FIRST		N	134 INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS 203 Normal ME			21061
2	E	ted ilde		(0)	Floyd	L. Porstma	nn,Sı	Helen	widdle		Engl	erth
100	,	nd co	dicol	16a \	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
1	£	S. Po	E A		res WW		679	Ruth E. Pors	tmann	Same as		ATE INTERVAL
	JKDS, ZOT W. KKESTON S	requires traitific death cert en signed by the athending Then pleate remove carbon or to bursel, committen, or re-	injury, or other troumotic e	ION	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	NCE OF True	Respirator Abol NOT RELATED TO THE TERM	Astie Ad Minal disease or con	Lego Peyson Idition GIVEN	7 6 P	eks eks
At Dec	AL REC	The low cion. e hos be sit permit giene price	hows on	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		20a AUTOPSY? YES NO	IN CERTIFYIN	_	S USED F DEATH? NO
TIV BO I		SICIAN: ng physicertificat certificat priol-tron	hem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDIC AL EXAMINE)	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	IRY IN ITEM 18 PART	T OR PART 2)	
CISIMIC	NOISIAID NOISIAID	offer this os the but thought	orked or	MED	21d INJURY OCCURRED  WHILE OF WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM EIC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
		ATTENDI or Spritol or CTOR. A Spritol or Use	n 21 is me		sow the deceased alive on obove, (I) (we) (did) (did no	tol) ottended the deceased from	87.0	nd that in (my) (our) opinion		ote and hour or		ot (I) (we) lost uses stated
		TAL OR by the horal BRAL DIRE detocher	# # # # # # # # # # # # # # # # # # #		Commenter Commenter	god.	L	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	1/25	1/87
		etoined by TO FUNERA should be de with the Stot	MPORTAN		22d. PHYSICIAN'S NAME (TYPE O		D.	GLEN BU	7300 RITCHI JRNIE, MARY		AY 1061	
		F P S	4	23a. E	URIAL, CREMATION, REMOVAL	236 DATE 236 N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	(*	OUNTY	STATE
		BP			Burial	Jan. 28, 187 G1	en Ha	ven Mem. Park	Glen Burn	nie Anne	Arund	el MD
		DHMH - 16 60M			INERAL DIRECTOR	3204		250 DAT	AN 28 1987	25b. REGISTRAI	Ocordon.	D. J.
		(VRA 15. 4)		TAZ	aully Fineral	Homes Dags		MD 21122	ANGO NO	Chilla	Programme.	KANDER



2 0 JAN -	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS / O	0218
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
poge 3	MARI	E E.	POYNOT	1	2-87 5:47 AM
2 - 6	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	CAUCASIAN	11 19 26	60 YRS	
弘	70. BIRTHPLACE (STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF COUNTY ANNE ARUNDE	
4	10 CITY OR TOWN OF DEATH  GLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDE)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY HOMEMAKER
5	13e. STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13c. CITY OR TO	RE ADMISSION)	134 STREET ADDRESS 470 Jumpers	21146
0	14 FATHER'S NAME CECIL	MIDDLE BROWN		E M.	BREHM
medicol	160 WAS DECEASED EVER IN U.S. A	CIVE WAR OR DATES	urity No. 17. INFORMANT Seve 8651 Henry W. H	rna Park Mary Poynot 470 Jum	
		only one couse per line for (a), (b), a SED BY: (ATE CAUSE (a)	re palmmny	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
njury, or other to		DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	Ling Disease  nillation  MINAL DISEASE OR CONDITION G	
ows and	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Hem 18 st	OR CONTRIBUTION CAUSE OF	DEATH HOUR A.M. MONTH	PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM )	8 PART 1 OR PART 2)
	CASE OF THE OF T	71 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211 LOCATION	City On John	COUNTY STATE
	22a I certify that (I) (this has saw the deceased along above (I) If we) (did I did	spital) attended the decrosed from 12-29-19 not riew the body after death.	2-14- 19 73 86 , and that in (my) (our) opinion	death occurred on the date and h	that (I) (we) last our and from the couses stated
Tr. If Item	22b. SIGNATURE	rold 7/. 7/		MEDICAL STAFF DIRECTOR   PHYSICIAN	1 - 2 - 8 9
APORTANI	DONALD H.	HISLOP, M.D.	220. ADDRESS 31 ROBINSO	N RD./SEVERNA	PARK, MD 211
≥7	23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OF CREMATORY Len Haven Park	23d LOCATION Glen Burnie	A. Mã
OM 4/82	BURIAL 24 FUNERAL DIRECTOR		len Haven Park	Glen Burnie	

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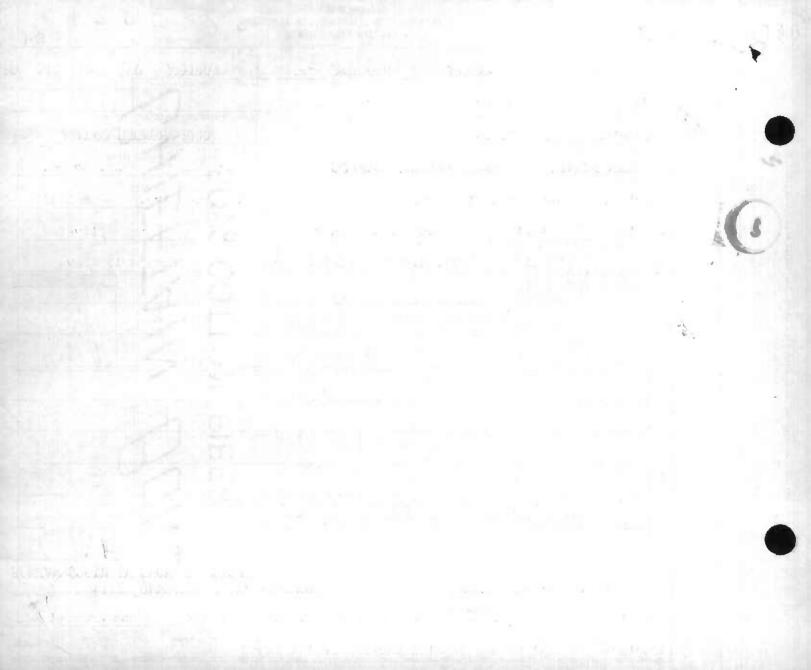
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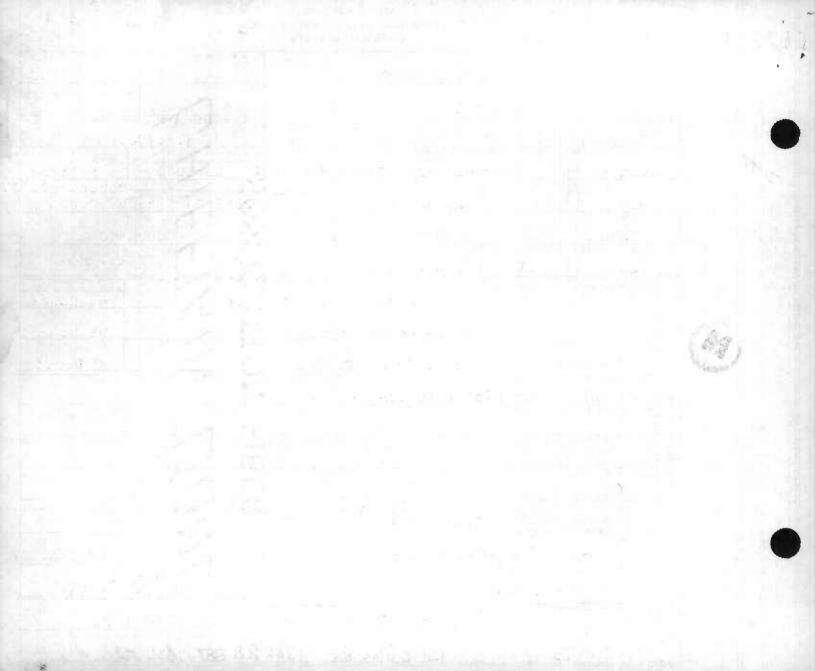
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J 1 0 0 0 / JRII		REGISTRAR			WIDDLE		AST AST	DEAIN	In Burn Co	REG. NO.		ut.e	EST
1 2		EASED NAME	FIRST						100000	DEATH MO			26 HOUR
2 14 N		CHAR			ILEY		CTOR	Jr.		ANUARY EARS LAST BIRTHDA	03,	1987	545 AN
# ** 7	3. SEX		11.54	4 RACE		S. DATE (	DAY	YEAR		ENK2 (NZ) BIKIMDA		NIHS DAYS	HOURS MIN.
1 1 - X	Ma			White		Nov	. 1.3	1918	68		YRS		
4 32 868	C	RTHPLACE (STATE OR F	ORE IGN		WHAT COUNTRY	MARRIE	D MEVER	MARRIED -		RE CITY OR C			70.0 M
\$ \$2 KB		irigina		U.S.A	HOSPITAL, NURS	WIDOWE		DIVORCED		ANNE AR			
11 15 KL	10 C1	TY OR TOWN OF DEA		(IF NOT IN SUC	CH FACILITY, GIVE STRE	ET ADDRESS]		SHUTION	(TYPE OF WOR	K FOR MOST OF WO	ORKING LIFE)	INDUSTRY	F BUSINESS OR
0 1 1	107114	L RESIDENCE (IF NURSI			TH ARUND		PITAL		Guard			St. of	Md.
1 3 3	13a. S	TATE	13P CON	TY	13c. CITY OR TO	WN	13d. INSIDE	CITY LIMITS?		ADDRESS / ZI			
1		ryland	Anne	Arunde	1 Odento	n	YES 🗍	ио ₹		ruce A	re.	91.98	21113
B/ WAXKA		THER'S NAME FIRST		AIDDLE	LAST			R'S MAIDEN NAM	VE	MIDDLE		LAST	
3 日本の種類が次の		arles		hley	Procto		Ruby		- 0	ADDRESS		Oliv	er
OR DE CO	()	(AS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)			17 INFORM	Wife			7 -	17 72-	
7 5 5	Ye	5	WW I	1	231.14.	2219	Vigir	nia Proc	tor	Same	AS .	13 Abo	
BAN Contraction proof		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSEI	y ane cause per DBY:	line far (a), (b), (	and (c'.)		. 1 11-	_ ^			BETWEEN	MATE INTERVAL
5 1 000			IMMEDIAT	E CAUSE (a)		lev	etiae l	centy un	men			IM	pe,
TO the card				DUE TO, O	R AS A CONSEQ	UENCE OF	17	Y				11/2	4 / 1
RES e de morio frou		Canditians, if any, gave rise to imm	ediate	(b)			0 19		1			1 0-	7
8 5 6 5 1 5 E		cause (a), stating underlying cause		DUE TO, O	R AS A CONSEQ	UENCE OF	ruli's	nine. I	as Our	Learl		LLL	wen.
201 plead to the		PART 2. OTHER SIGN	LIEIC ANT C	(c)	ONTRIBUTING TO	O DEATH SUIT	NOT PELATE	TO THE TERM	INIAI DISEAS	FOR CONDITI	ON CIVEN	IN PART 110	
DS.	N	PART 2. OTTER SIGN	INC XIVI C	ONDITIONS C	DIVINIBOTING IN	O DEATH GOT	NOTKELATE	DIPTIL TERM	IIIVAL DISCAS	Ç OK CONDIT	ON GIVE	A HALAKI IIO	
0 1 1 1 1	FICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20a AUTO	DPSY? 20	b. IF YES, V	WERE FINDIN	IGS USED
2 2 2 2 2 7	IIFIC	Figure 19							YES 🗆	NOU	V CERTIFYI YES	NG CAUSES	OF DEATH?
A CHARLES	CERTI	21a. ACCIDENT WAS UND	-	216. TIME C		DAW WEAR	21c HOW I	INJURY OCCURE	RED (ENTERN)	NTURE OF INJURY IN	ITEM 18 PAR	T 1 OR PART 2)	
8 34 44 7		OR CONTRIBUTING C		161	.M. MONTH	DAY YEAR							
DIVISION OF ING PHYSICIA Viter the certi- os The bandel the ord Mental	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCAT	ION		CITY OR TOWN	-	COUNTY	STATE
IVIS	Σ	WHILE NOT WH	ILE .	(AT HOME, ST	REEL PACTORY, OFFIC	E, FARM, ETC.)	3,111	0.0		1/2		27	
A A A A A A A A A A A A A A A A A A A	4	22a I certify that (I)	(th <del>is hospi</del> i	al) attended th	ne deceased fram			19.00	, to	1/3	, 19	0 4	that (1) (we) last
TTEN prito TTO TTO for of H		saw the decease abave, (1) (we) (a	d alive and	view the bady	after death.	DP., a	nd that in (my	y) (our) apinian	death accurre	ed on the date	and haur c	and fram the	causes stated
OR A e has DIRE oched Dept.		22b. SIGNATURE	, 1	1 1	Α		DEGREE	47761161116				22c DATE	AIGNED
te et l		Heren	-d t	Munc	1 MM			PHYSICIAN &	MEDICAL DIRECTOR	STAFF  PHYSICIAN	۷ 🗆	12/5/	0 1.
D HOSPITAL Incined by the Constitution of the Store In th		22d. PHYSIC ANS NA	ME (TYPE O	R PRINT)			22e. ADDRE	ESS 8	EVERG	REEN RO	DAD AT	C RAGGS	S AVENUE
O HOSP to Fund should be with the S		GERARI	CHU!	RCH. M.	0.			SEVERNA		MARYLA		21146	
De Te w R		URIAL, CREMATION,	REMOVAL			NAME OF	EMETERY OF	RCREMATORY	23d LOC	ATION OR TOWN		COUNTY	STATE
BP	Bu	rial	1	Jan. 6	,1987 F	Epephar	y Epis	sc. Cem	Oder	ton	Ann	e Arun	del Md
DHMH - 16 60M 7/84	24 FL	NERAL DIRECTO	Both	>	ADDRESS		1	25a. DAT	E REC'D. BY	REGISTRAR 25b	40 . 5	March St. p.	4,000
(VRA 15, 4)	Si	ngleton Fu	neral	Home	Gler	Burni	e,MD_	ال إ	N V	1901	0	R. CAR	n-Kenda'



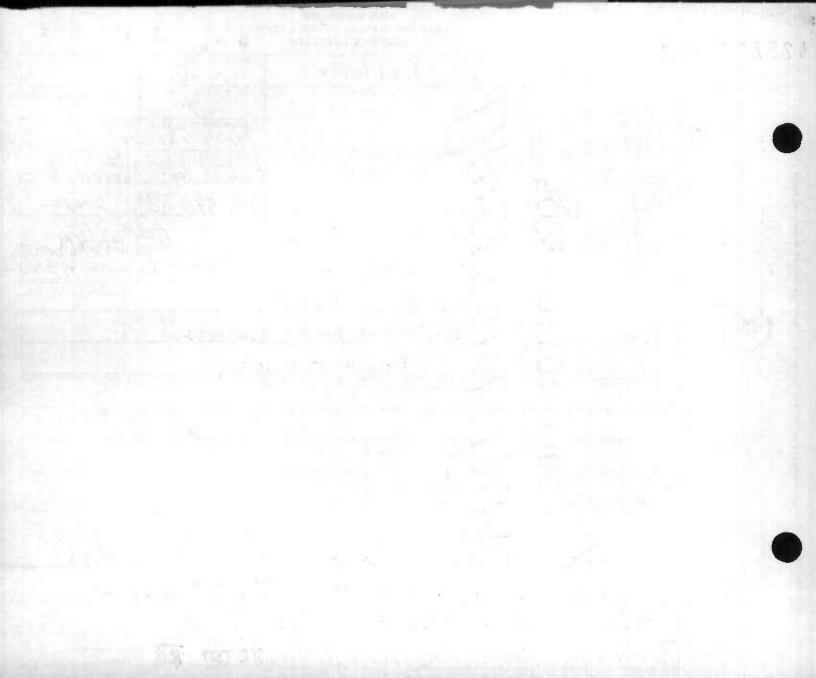
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12		FOR	D	EPARTMENT OF	HEALTH	AND MENTAL	HYGIENE	0 0	1 2 2 0
1)		STATE REGISTRAR	MED	ICAL EXAMIN	ER'S C	ERTIFICATE	OF DEATH	REG. NO.	
		EASED NAME FIRST		MIDDLE		AST	2a DATE	KNOWN N M	ONTH DAY YEAR 126 HOUR
040055 111	100	ORPRINT) MARY	/	1	1	IND	OF	ESTI- H MATED []	
で 受ける場合 JAY	115				/	ur			1 14 1987
#EF-9#	N SEX	1 RACE	5 DATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHD	AV)		R 24 HRS 2c. DA		ONTH DAY YEAR 26 HOUR
×2552×	V	EMAIE CAU	59	21 65,	RS MONTH	DATS	DE/		14 1087 005
A TENE A		RTHPLACE ISTATE OR	76. CITIZEN OF WH		I e	rad .	9. BALTI	MORE CITY OR C	OUNTY OF DEATH
B#3592		REIGN COUNTRY)	111	0		D NEVER MAR		ā	10
25%30		INRYLAND	MNITED	STATES	WIDOWI			/7	MD
SERRE /	100	Y OR TOWN OF DEATH		ITAL, NURSING HOMI	E, OR OTHE	RINSTITUTION	FOR MOST OF W	UPATION (TYPE OF V	VORK 126 KIND OF BUSINESS OR INDUSTRY
508407	10	IEN BURNIE	Nort	h An	uvd	p1	11	MAKER	Home
20000		L RESIDENCE (IF IN NURSING HOME C							011100
8 3 3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	130 S	ATE 136. COUN	A	13c OTY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADD	172.	XIIOOI
2 TA 2 2	-	///0- /	1 , ,	PASAde	014	YES NO	31/65	612X0	WD Rd.
# E-38E	14. FA	THER'S NAME	MIDDLE	LAST	70.00	15 MOTHER'S MAIL	DEN NAME	MIDDLE	1 LAST
A S S S S S S S S S S S S S S S S S S S	1	KEORGE	C.	ZINCK		MARY		E.	CREAMER
N S S S S S S S S S S S S S S S S S S S	16a V	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECURIT	Y NO.	17 INFORMANT	PUND	ADDRESS	
E E S S S S S	(1)	S, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	215 11 47	102	C. Heppi	RT JR.	(SAME	- AS 13A-E)
\$ 800ex /		14 CAUSE OF DEATH /S .		100 10 11	0,	C. HERBE	107,47.	SHINE	APPROXIMATE INTERVAL
ST. CO.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI	ly one couse per line i DBY:	for (o), (b), ond (c).)	- 1		n	4 .	BETWEEN ONSET AND DEATH
A TENESTE			TE CAUSE (o)	C	Ard	IAC 1	yrres	Y	
SIN	100		DUE TO, OR	AS A CONSEQUENCE	OF				
SC CS C		Conditions, if ony, which	(6)		[]	,5. C.	1. D		
A MARKET	13.5	gove rise to immediate couse (a) stating the under-	(b)	AS A CONSEQUENCE		, 0, 0			
N. O.		lying couse lost.			0,				
3 3 3 3 2 2 2			(c)						
B-000000000000000000000000000000000000	-	PART 2 OTHER SIGNIFICANT CONDITIONS			INAL DISEASE	OR CONDITION GIVEN IN I	PART 1 to		
1000 B 100 B	ĝ	Hyper	TENSIC	5 W					
1000年7日日出	IFICATION	190. DATE OF OPERATION	196 CONDIT	ON FOR WHICH OPER	ATION W	AS PERFORMED?	Harling Harl		20 AUTOPSY?
夏 古西美元中	1 m								YES NOV
A SECOND TO THE COLUMN TO THE	CERT	210 EXTERNAL CAUSE WAS	216 TIME OF	INJURY	21c HO	W INJURY OCCURE	RED LENTER NATURE OF	INJURY IN ITEM 18 PART	
SATES OF		UNDERLYING OR		MONTH DAY YEAR	3				
5 E255 E	MEDICAL	CONTRIBUTING CAUSE OF		19					
M WESSE	9	216 INJURY OCCURRED	STREET FACTO	FINJURY (AT HOME,	211 LOC	REET	CITY OR	IOWN	COUNTY STATE
25,25,25,5	-	AT WORK AT WORK		,					STATE
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							N		
<b>産品をお名</b>		22a I certify that I took charg	e of the remains desc	ribed obove, held on	Autops	y L. Inspect	on Inquir	y L. ond in	my opinion
WE WOLF		death resulted from: Notus	ol couses 💆,	Accident, Su	icide	Homicide	Undetermined	monner .	
*XX S S X X		1.1111	. N			TITLE (SPECIFY)	,		
THOSE.		ACTUAL SIGNATURE	11-1	May	2 M	Dopus	MEDICAL EXA	MINER S	DATE 1-14-87
20世の観な8人			(			01	7	THE TEN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
A PROPERTY.		EXAMINER'S NAME Wil	liam P.Jor	nes M D		000695 Ame	rica Crt	Davidson	ville,Md 21035
DAY OF A	73a BI	JRIAL, CREMATION, REMOVAL 2		23c NAME OF CE			23d LOCATION		VIII (110 210)
	(5	PECIFY)	to the same of the		P		CITY OR TOWN	70	COUNTY STATE
07/B4 BP			JAN. 15,198		Y TREE	COSS NE	CATENS	VILLE B	ALTINORE MD
DHMH - 17	24 Ft	INERAL DIRECTOR	ADDRESS"	320H MOUNT	TAIN 1	250. DATE	REC'D. BY REGISTI	1 4 20 4	AR'S SIGNATURE
(VR A15 ME (S))	Me	CULLY FUNERAL	HOMES	PASADENA	MD =	21122 JAU	16 1987	Julia Dind	ir. Knidala
	SECTION AND ADDRESS.								

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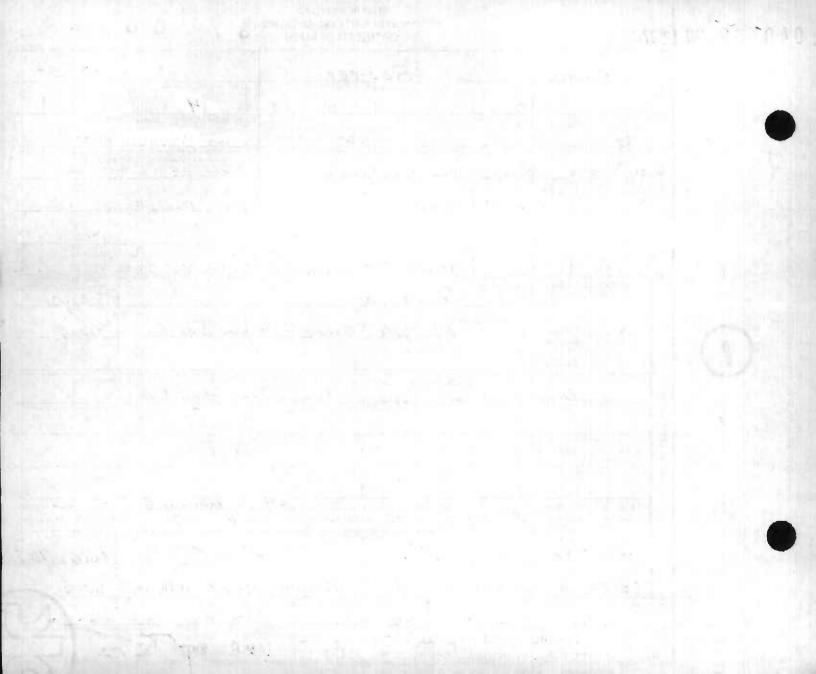
DEPARTMENT OF HEALTH AND MENTAL HYGIENES 7	A CLIES
Z 3 U   JAN LY DEGISTRAR RACHEK CERTIFICATE OF DEATH REG. NO.	
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DATE OF DEATH DATE OF	AY YEAR 26. HOUR
William D. Rachek 1 2	20 8717:08 M
MONTH DAY YEAR	FUNDER I YEAR IF UNDER 24 HRS
Male Caucasian 7 25 20 66 YRS	
70 BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 8. MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF COUNTRY	OF DEATH
Maryland US   WIDOWED   DIVORCED   A.A. CO	
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)	
Fort Meade   Kimbrough Army Comm. Hospital Retired	Military
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STATE 137. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE	Balt. MD.
M.D.   Balt.   Rosedale   YES   NO X   2353 Hamilton	vne Cir.
FIRST MIDDLE LAST FIRST MIDDLE	LAST
THE WAS DECEASED EVER IN ILS ADMED ECONOGS THE SOCIAL SECTION VIOLET IN INCOMAINT ADDRESS	laid
O TO TENTE	alt. Md
B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) Cardiorespiratory Collapse	48 Hours
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gave rise to immediate  DUE TO, OR AS A CONSEQUENCE OF  (b) Acute Pancreatitis	96 Hours
couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF	
¿ Acute Renal Fallure	60 Hours
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 11a
The Disease Cirenosis  A 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
Chronic Liver Disease Cirrhosis  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  YES NO YES  21b. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	ING CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  US D 20 20 20 20 21 CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  19 P.M. 19  21d. INJURY OCCURRED 216. PLACE OF INJURY 211 LOCATION	
	COUNTY STATE
LE SE	COUNTY STATE
	9_87 that (1) (we) last
220.1 certify that (1) (this hospital) attended the deceased from 17 Jan 19 87, to present 19 saw the deceased alive an 20 Jan 19 87, and that in (my) (aur) apinian death occurred an the date and hours above, (1) a present 19 87, and that in (my) (aur) apinian death occurred an the date and hours above, (1) a present 19 87.	and from the causes stated
© 2 E 2 0 E P 22b. SECURIO DEGREE	22c. DATE SIGNED
THE STATE OF THE S	20 Jan. 8
THE POYAL MC COTTON PHYSICIAN DIRECTOR PHYSICIAN DI	nital
MIKE ROYAL, MC, CPT Forte George, Meade	
236 BURIAL, CRIMATION, REMOVAL 736, DATE 236 NAME OF CEMETERY OR GREMATORY 23d LOCATION CONTROL 1991 DATE	COLINITY STATE
BP BURIAL 01/26/87 ARLINGTON NATIONAL WASHINGTO	N DC
OT/ 20/ 01 MILIONAL WASHINGTO	IT DO
DHMH - 16 60M 7/84 (VRA 15, 4)  24 FUNERAL DIRECTOR  OF THE DIRECTOR WASHING TO  ADDRESS  1 JII CLESICO AS 1987  Line AS 1987	AR'S SIGNATURE



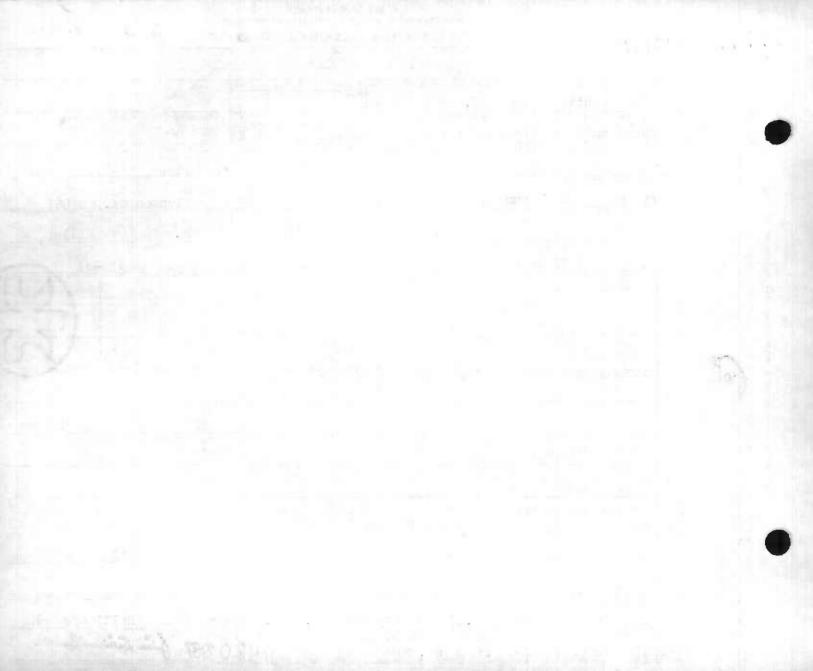
1			STATE OF MARYLAND		
2 F FFF -	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8/	0 2 2 4
5 FEB -24	DECEASED NAME FIRST	MIDDLE	O Ash I	REG. NO.	H DAY YEAR 26. HOUR
25	TYPE OR PRINT) DOTO	othy L	Kafferty	Jan	25 1987
1 1	SEX.	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HR
and	remale	White	Sept. 27, 1907	79	YRS.
SAN TO	HIRTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED	9 BALHMORE CITY OR CO	/ /
060	Virginia	USA	WIDOWED M DIVORCED		undel
33	Inna-polis	FINNE OF HOSPITAL, NI	URSING HOMEOR OTHER INSTITUTION STRIPET ADDRESS CONCERNO	120 USUAL OCCUPATION THE OF WORK FOR MOST OF WORLD	KING LIFE) INDUSTRY TOTAL
35	SUAL RESIDENCE (IF NURSING HOA 30. SAALE	/ // / / / / / / / / / / / / / / / / / /	BEFORE ADMISSION) TOWN/ 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP	adoe 21032
120	PATHE STAME Pator	MODIE STA	te Szerh	AME MIDDLE	ne Cultury.
of colors	a WAS DECEASED EVER IN U.S	. ARMED FORCES? 16b. SOCIAL	SECURITY NO. 17 INFORMANT	M. Rattenty	Crownsville, 210
= 4/=	THE CALISE OF DEATH (Fort	er only one couse per line for (o), (	b) and (c)	The terry	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
movo m	PART I. DEATH WAS CA	USED BY:	Idian Allest		Berry grounder and bear
other contract	IMME	DUE TO, OR AS A GONS	SEQUENCE OF		
1000	Conditions, if any, which	( (b) (C	uptured acorti	angulson	
Other to	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF perten	nin	Y
o burio bury, or		NT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
	90 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	11. HOW INTURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	YES NO
Sat B	OR CONTRIBUTING CAUSE C	F DEATH HOUR A.M. MONTH	DAY YEAR	LEMER MAJORE OF MAJORY MAIN	EM IS PART I OR PART S)
No.	(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE OF INJURY	211. LOCATION		COUNTY STATE
at a b	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	FFICE, FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
40		ospital) attended the deceased t	rom, 19	, to	, 19, that (I) (we) I
25.5	sow the deceased aliv	e on d not) view the body ofter deoth.	.19, and that in (my) (our) opinion	death accurred on the date or	nd hour and from the causes stated
T de la	226. SIGNATURE	10	DEGREE	AMEDICAL STAFF	224 DATE SIGNED
8 5 Z	1200	w Ch		MEDICAL STAFF DIRECTOR PHYSICIAN	
ORTAN ORTAN	224 PHYSICIAN'S NAME (	YPE OR PRINT)	11 < 1667 C+9	HAM CONTre	
025 51	34 BIJBHAL, CREMATION, REMO	VAL 23b DATE	220 NAME OF CEMETERY) OR CREMATORY	12341OCATION :	
	BUTIAL	Jan 30, 1987	Columbia Gardens	FI LINGTON	COUNTY USTATE
	1. FLINERAL DIRECTOR	.01 . 1		TE REC'D, BY REDISTRAPITS F	
- 16 60M 7/84 RA 15, 4)	12 y Tor Funer	2//hapel /4	DUADOUS Mt. IAA	277007 1	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH U REGISTRAR REG NO L DECEASED NAME LAST 26 HOUR 2a. DATE OF DEATH YEAR (TYPE OR PRINT) 87 YIARYEL EDIFER 4 RACE DATE OF BIRTH AGE (IN YEARS LAST GIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR Female Caucasian 62 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Anne Arundel County WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 1 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE Homemaker MARYLAND MANOR CONU CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 130 STATE 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 113d, INSIDE CITY LIMITS? 21122 NO D PASADENA TORRIN DRIVE Anne Arundel 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Hagenbuch O'Meara Ocie Edwin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 33532 Ellenton, IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Audrey Gisriel 4424 Buena Vista Dr. N. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line focto), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). PRESTON ST OR AS A CONSEQUENCE OF June Sworden Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG **IFICATION** 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPS IN CERTIFYING CAUSES OF DEATH? NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 214-IN JURY OCCURRED 21e PLACE OF INJURY 21L LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE AT WORK amerana 22a 1 certify that the (this hospital) attended the deceased from. 19 87 sow the deceased alive on Common of above (1) (we) (did) (did not view the body after death Binnary 6 , and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 226. SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME LIVE OF PRINTE 22e. ADDRESS 230 BURIAL CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN STATE Woodlawn Baltimore BP Woodlawn Cemetery 1 - 9 - 87Burial Loring Byers Funeral Directors, Inc 250 DATE REC'D. BY REGISTRAR 236 RECISTRAR'S SIGNATURE DHMH - 16 50M 4/83 IANI 8 Adia Dividion P. 8728 Liberty Rd. Randallstown, MD 21133 (VRA 15, 4)

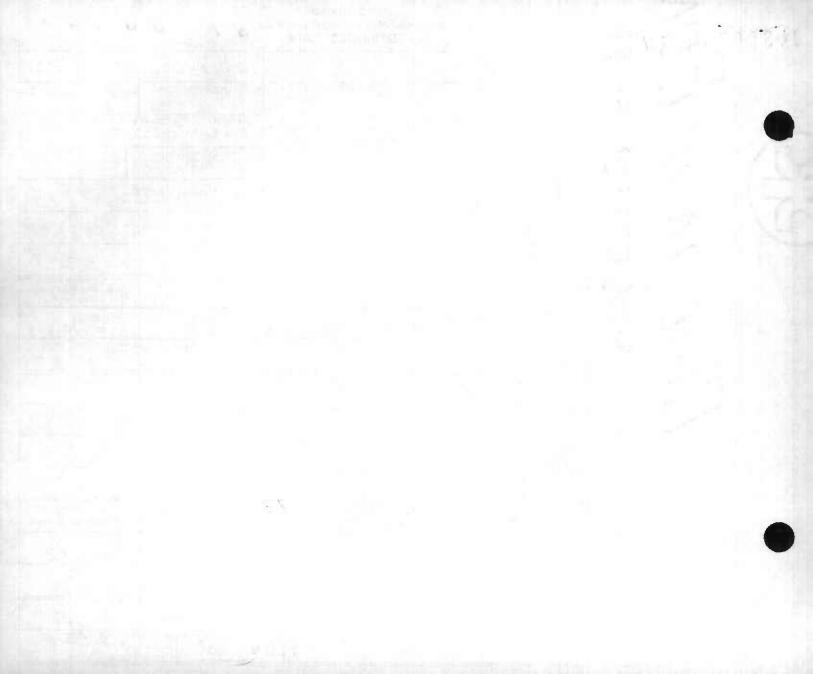


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DEGEASED/NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) DENNIS R. REED ESTI-DEATH MATED 1-14-87 19 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF LINDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED June 18. Male White 1938 DEAD 47 1-14-87 19 1 56PM TRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Pennsylvania MARRIED NEVER MARRIED Anne Arundel County United States WIDOWED [ DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Maryland House of Correction Jessup Self Emplyed Fisherman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Anne Arundel Glen Burnie 7918 F NO TX Elvaton Ct. 21061 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Lamare Reed Malinda M. Miller 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) HE YES, GIVE WAR OR DATES Yes 212 46 3991 Vietnam Daphne Bratt (Same as 13a-e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, II. LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Natural causes X death resulted from-Accident Homicide Undetermined monner TITLE (SPECIFY) DATE 1-15-87 MDAssistant MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn Street TYPE OR PRINT 2 O 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION January 16,87 Security Process. Inc. Cremation Catonsville Baltimore 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE .3204 Mountain Road **DHMH - 17** (VR A15 ME (5)) McCully Funeral Homes Pasadena, MD 21122



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 043097 FEB CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I DECEASED NAME 7h HOUR January 30, 1987 1:00P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel Co. 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPSPEMORE TO FOF WORKING LIFE) INDUSTRY 13 3 FEZ ADDRESS KZP f 10 Rd. 2 ADDLE Africasi ADDRESS Richard C. Reno Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH nned Glioms PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aur) apinion death accurred on the date and have and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 3 Washington Circle NW Wash.DC 23d LOCATION 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Cremation Baltimore Balt. Md. STATE 2-3-87 Westview Crematory 24 FUNERAL DIRECTOR Hardesty Funeral Homes Annapolis, Md 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84



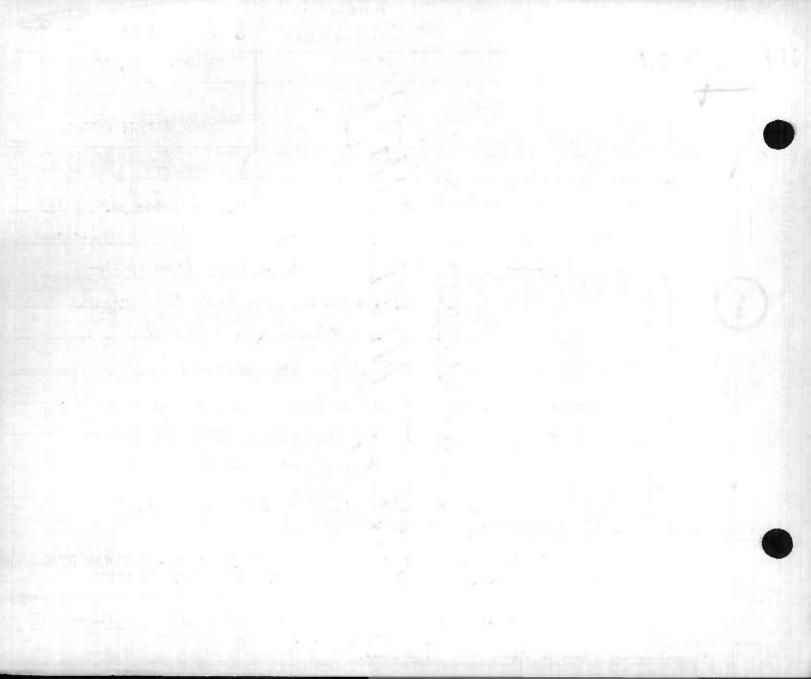


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME AMIDDLE 20 DATE OF DEATH MONTH (TYPE OR PRINT) ADELE RICCITELLI JANUARY 14, 1987 3 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 10 - 4 - 1909White Female In BIRTHPLACE (STATE OF FOREIGN The CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY Italv II.S.A WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NORTH ARTINDET HOSPITAL GLEN BURNIE Seamstress/Ret.Botany 500 WOUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 CITY OR TOWN 1 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Marvland 191 Inverness Rd. 21146 Glen Burnie YES I NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Giacinto Macietti Tiburzi Theresa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. Inverness Ro (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-03-9996 Mrs. Antonietta Biddinger 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 L certify that (1) (this haspital) attended the deceased from sow the deceased alive on , and that in (my) (par) apinian death occurred on the date and how and from the causes stated above (1) (we) (did) (did not) view the bady ofter death 226 SIGNATURE 22t. DAYE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN FUNERA 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BALTIMORE-ANNAPOLIS BLVD d b GLEN BURNIE, MARYLAND 21061 23a BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 17 -87St. Stanislaus Cem Baltimore, 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Joseph N. Zannino Jr. 263 S. Conkling (VRA 15, 4)

Maria Cara III Tulka Carrier and agreement to the comment of the comment CHOICE THE CHOICE CONTRACT CON Table 1 Table 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE RICE 1987 FIYAL OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR MONTH 0 0 Male White January 1905 82 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED A NEVER MARRIED United States West Virginia WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Self Employed BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Anne Arundel Pasadena 21122 138 Bar Harbor Rd 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST Fischer Bertha Frank Rice 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 78 24 7150 Margaret I. Rice Same as 13a-e NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line lor (o), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the CONSEQUENCE OF underlying cause last. a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? bed NO YES [ NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an obove, (I) (we) (did) (did not) yiew the body alter death. \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DEDIRECTOR TOPHYSICIAND TAD MPORTANT MUSTAFA C OZ, M.D. 22e ADDRESS SEVERNA PARK, MARYLAND 21146 0 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Sykesville Baltimore Feb. 4, 1987 Lakeview Cemeterv BP. Buria] 3204 Mountain Rd. 250 DAIE REC D' BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Pasadena, MD 2112 (VRA 15, 4) McCully Funeral Homes

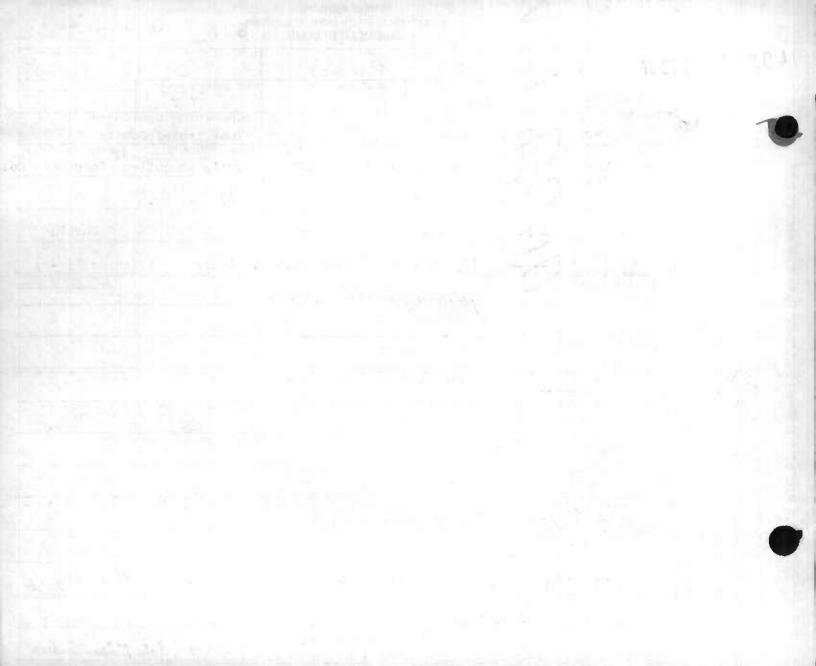
STATE OF MARYLAND



Pasadena, MD 2112

(VRA 15, 4)

McCully Fungal Homes



FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

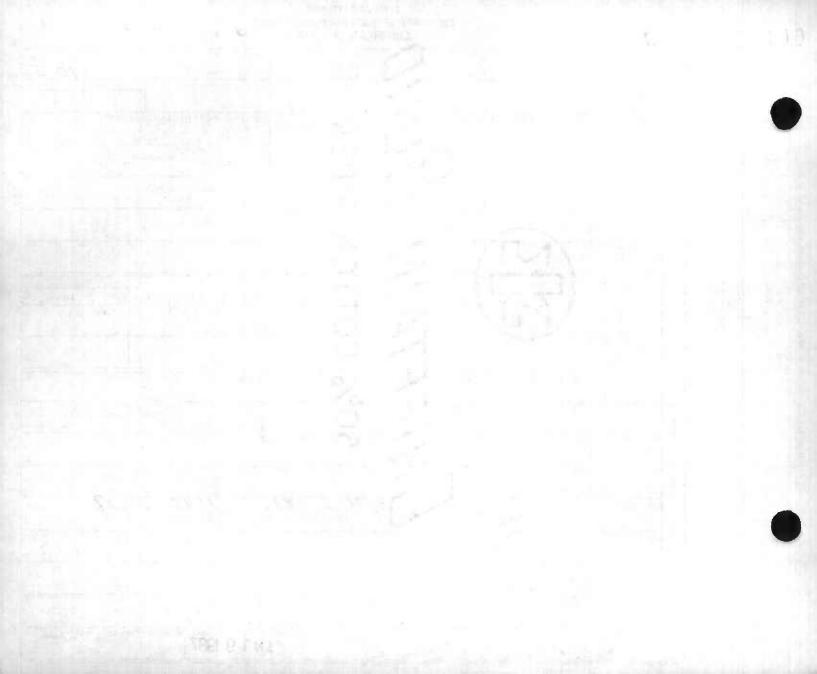
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AN	20	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		
1		CEASED NAME	FIRST	A	AIDDLE	1	AST	20. DATE OF DEATH		Y YEAR	2b HOUR
	(ITPE	W	illia	m	H.		Rilev	January	17. 198	7	10 AM
	3. SE>			4 RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Male		White		Sep		66	YRS	DATS	MIN.
90	Pa. BII	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	-		
gan.	Ba	altimore, N	MD	USA		WIDOWE	D DIVORCED		rundel C		MD.
C	Pa	TY OR TOWN OF DEA a sadena		4896°M	lountain	Road	DR OTHER INSTITUTION	120 USUAL OCCUP			way Bus C
for	13a (		ING HOME OF	ROTHER INSTITUTION.	Pasaden	N	136. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRE	ss / zip code untain Ro	oad 2/	1122
30	I4 FA	THER'S NAME Edward		WIDDLE	D LAST		15 MOTHER'S MAIDEN NA	AME	E	LAS	
					Riley		Hi 1 da	4.0	DBESS	Bob1	itz
7	()	VAS DECEASED EVER	(IF YES, GIV	VE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	AU	DRESS		
	Y	es	WW	II	218-10-8	3109	Lenora E.	Riley, San	ne as 13	1	
1		18 CAUSE OF DEATH PART I. DEATH W	H (Enter or	nly ane cause per D BY:	line far (a), (b), and	dieni	1.5	1 2.11 1		ASSESSMENT OF THE PERSON NAMED IN	IMATE INTERVAL ONSET AND DEATH
		Charles States	IMMED IA	TE CAUSE (a)	Tueto	2014	tic omell	Call X	ling Com	ger 1	year
	M			DUE TO, OF	R AS A CONSEQUE	NCE OF					0
		Conditions, if any, gove rise to imn		(b)						1	
		couse (a), statin underlying cause	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
				(c)							
	z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS <u>CC</u>	NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GIVE	N IN PART 110	a
-	CERTIFICATION	190. DATE OF OPERAT	19h. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES.	WERE FINDIN	NGS LISED	
7	IFIC							YES IT NOT	IN CERTIFY	ING CAUSES	OF DEATH?
$\vdash$	ERT	210. ACCIDENT WAS UND	DERLYING T	7 21b. TIME O	FINJURY		21c. HOW INJURY OCCUR				140 🗆
2		OR CONTRIBUTING	CAUSE OF DE	nin i	M. MONTH DA						
	MEDICAL	(IF EITHER, NOTIFY MEDIC		P./ 21e. PLACE (		19	211 LOCATION				
	ME	WHILE NOT WH	INE	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY C	RTOWN	COUNTY	STATE
		22a   certify that (I)		ital) attended the	deceased from	8	14 10 81	10 1/	17 10	. 80	that (I) (we) last
		saw the decease abave, (I) (we) (c	d olive on	12/	19	56.4	nd that in (my) (aur) apınıan	death occurred on th	e date and hour		
		22b SIGNATORE	ila) (ala no	or view the oddy	A death.		DEGREE			22c. DATE	SIGNED
		Crs	u.	, Co	le		MD ATTENDING	MEDICAL STORE	TAFF	11/1	9/87
		226. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRESS	0	0.0	-	17-0
П	Ħ.	Ensor C	ole,	M. D.			51 Franklin	n Street.	Annanoli	s. MD	21401
	23a B	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	широтт		
	(	Burial		Jan. 2	0,1987 M	it. Ca	rmel Church			AA	MD
		JNERAL DIRECTOR					250 DA	TE REC'D. BY REGISTE	AR 256 REGASTRA	PS SIGNAT	Findall
			. Kin	rkley, G	len Burni	e, ME		AN 19 198		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3

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BP.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumatic event, the



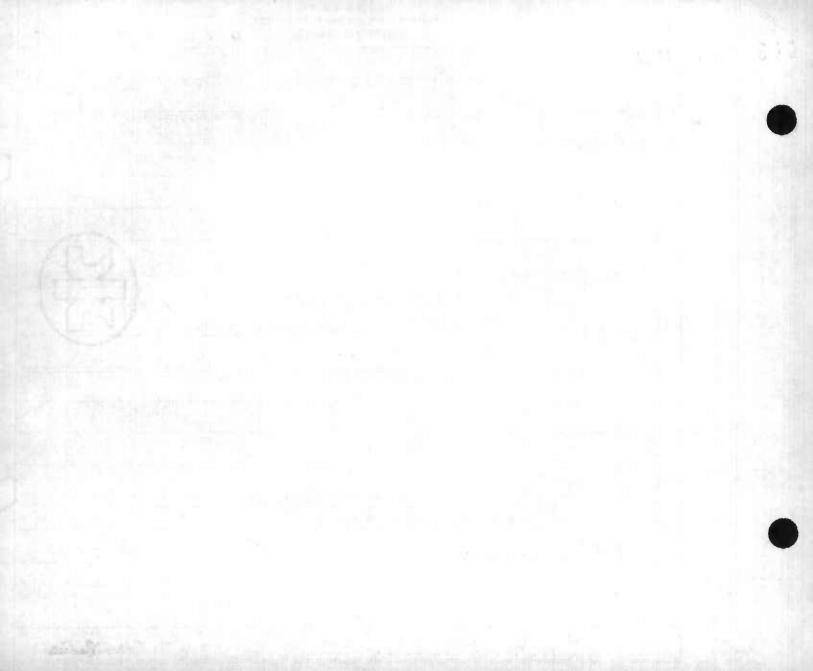
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)     ,550		FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 /	0 (	) 2 .	
I I LER -	J. DE	CEASED NAME FIRST	N	NIDDLE		AST	26 DATE OF DEATH	MONTH DA	AY YEAR 2	B HOUR
poge 3		THOMAS		ICHARD.		ROBBINS	JANUARY 22	. 1987	1	1:05A M
offer offer	3. SE		4. RACE		5. DATE (		6. AGE (IN YEARS LAST BI			IF UNDER 24 HRS
ors o		MALE	WHI	ΓE	NOVE		54_	YRS.	San	MIN,
27 75 P		RTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	76 CITIZEN OF V	VHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED D	Anne Aru		OF DEATH	MD.
60	N.	TY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET OFTON PAI	ADDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPAT (TYPE OF WORK FOR MOST- Nuclear Por	OF WORKING LIFE)		BUSINESS OR ONSULtant
e e	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
should be	M	130 000	Arundel	CROFTO			13e STREET ADDRESS 1528 CROFT		KWAY	21114
JOH JUST	1	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
3000	14-1	Harry VAS DECEASED EVER IN U.S. AR	R.	Robbins 166 SOCIAL SECU		Martha	E. E.	Zend	le1	
Poges			VE WAR OR DATES)			17 INFORMANT		200		
E /		no		207-24-5		MRS. ELAINE R	OBBINS SA	ME AS I	PATIENT	(WIFE)
mt, s		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	FD RY.						BETWEEN ON	ATE INTERVAL
I I			TE CAUSE (o)	INFECTION	N. BI	LATERAL PYOLON	EPHRITIS		1 WI	EEK
	2	Conditions, if ony, which gove rise to immediate couse (a), stafting the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUE	ENCE OF				ACUT	TE
T description of the second of	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	TON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	GS USED OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.A	A. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	25			
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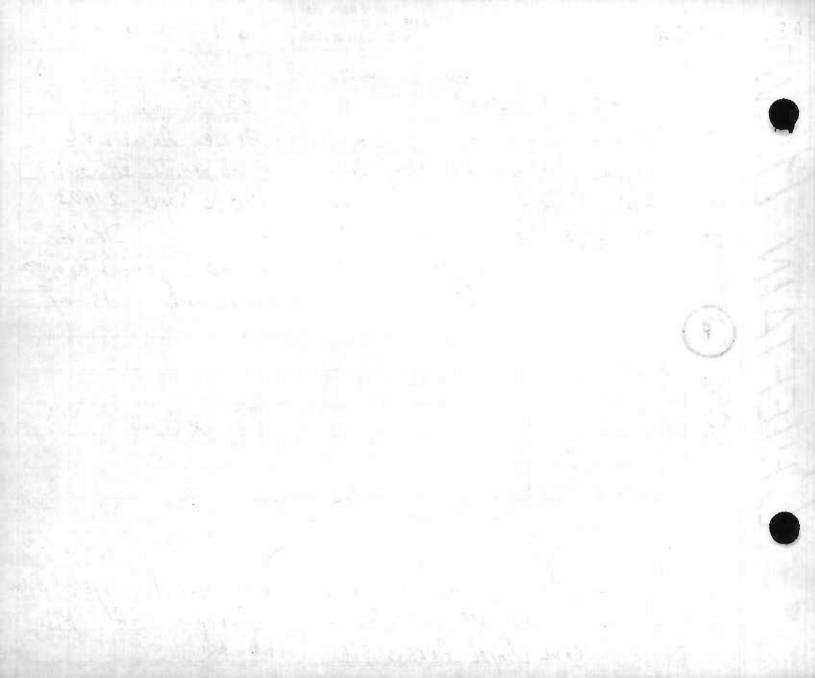
(VRA 15. 4)

Stewart

STATE OF MARYLAND



	1	STATE OF MARYLAND
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1 4 5 5 5	\ \delta	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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THE CANADA		above, (1) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  DEGREE  27c. DATE SIGNED
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(VRA 15. 4)	11	31 Mar ( 12 200 Change Anna sales MI) JAN 14 1987 Julie Miles



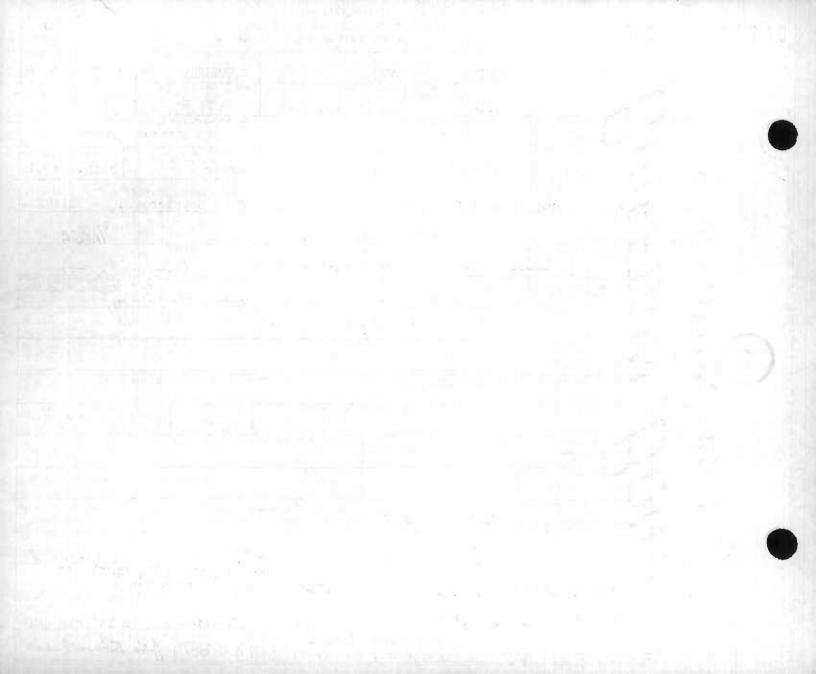
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME ROTHSTEIN 20. DATE OF DEATH MONTH MINNIE 2b HOUR (TYPE OR PRINT) poge 3 RUTHSTILL LALALLA 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER FEB. 22,1918 FEMALE WHITE 68 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? ANNE ARUNDEL COUNTY USA NEW YORK DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR AT HOME NORTH ARUNDEL HOSPITAL HOUSEWIFE GLEN BURNTE BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 13b COUNTY 138. INSIDE CITY LIMITS? 1531 MARCO DR. ANNE ARUNDEL PASADENA MARYLAND #21122 LAMEATHER'S NAME 15 MOTHER'S MAIDEN NAME AND DUE FIRANNA MIDDLE JAFFE KOSOFSKY MR. - HARVEYORROTHSTEIN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 113-05-7087 1531 MARCO DR. PASADENA, MD 21122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (c) PART I. DEATH WAS CAUSED BY ANDIODULTUNANY ARMIST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF PNISUMUNIA Conditions, if ony, which gove rise to immediate couse (a), stoting the nuphic LATTIAM SCLINOSIS underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? per NO T Hygie 216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (w) I will (did no) and that in (my) ( propinion death accurred on the date and hour and from the causes stated SIGNATU DEGREE 22c. DATE SIGNED ATTENDING N ould be of IMPORTAN PHYSICIAN'S NAME TYPE 22e ADDRESS LINITHCUM 236 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE SPECIFY JAN. 20, 1987 KNESSETH ISRAEL ANNAPOLIS BP ANNE ARUNDEL MD 24 FUNERAL DIRECTOR SOL I EVISON & BROS . I NC. 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO, MD 21215 (VRA 15, 4)

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STATE OF MARYLAND

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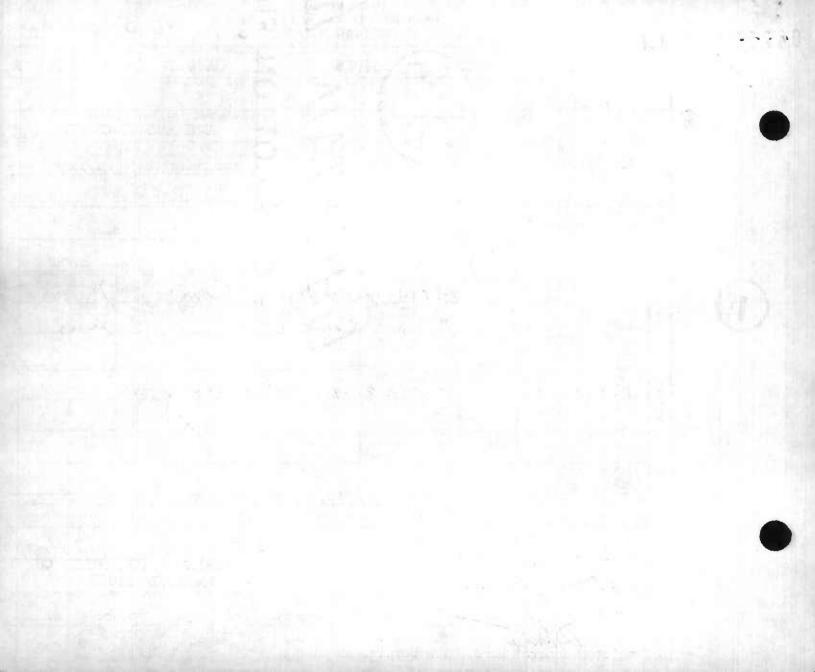
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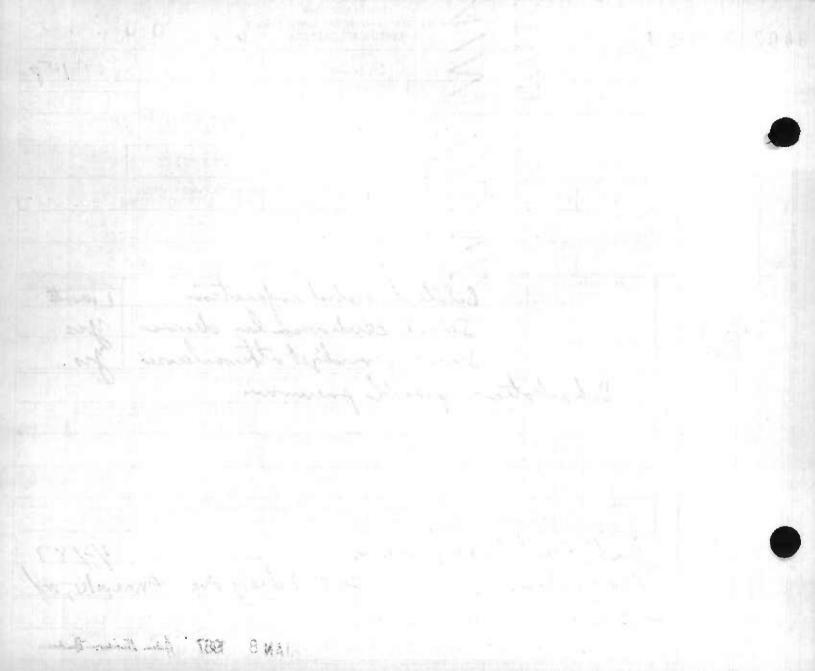
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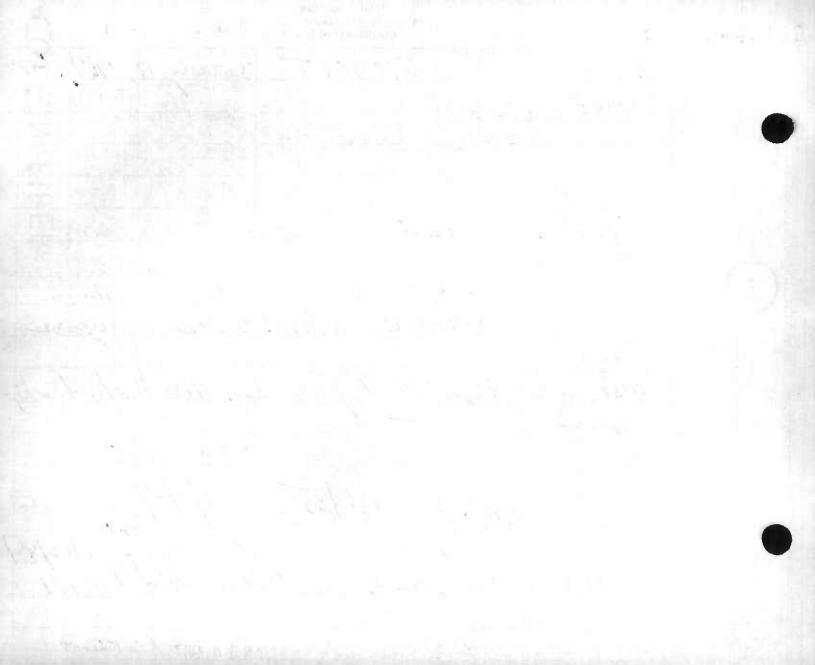


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		STATE OF MARYLAND	
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O O O	Shady side, Md		Arundel Co. MD.
1/ 2 23 27/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
by the filled	Harwood	Brashears Nursing Home housewife	household
A hour	USUAL RESIDENCE   IF NURSING HOME OR O	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	201100
ND 24 24 ND	Md. A.A.		Harbor Rd.
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	(SPECIFY)	OLIA KED CENT	COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR		A.A. MD.
DHMH - 16 50M 1/76	TIA DAME CITY DITTED	ADDRESS ADDRESS	
(VR A 15 (4) )	HARDESTY FUNER	AL HOME 12 RIDEELY AVE. ANNJAN 1 4 1987	Ailia Dividion Randall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 042603 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 70 DATE KNOWN X 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Dennis Simms W. 1-26 1987 4. RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE 1:32 LAST BIRTHDAY) PRONOUNCED 1087 1-26 DEAD a . M 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel County, WIDOWED [ DIVORCED Annabolis Anne Arundel General Hospital TISE INSIDE CITY LIMITES THE STREET ADD CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Shotaun Wound of IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1-25 ? P.M. 1987 subject was shot 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 711 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 439 B Boston Heights, Annapolis, Anne Arundel Home Autopsy XX 224 I certify that I took charge of the remains described above, held on Inspection Undetermined manner XX death resulted from Natural causes Hamicide TILE (SPECIFY) ACTUAL 1-27-87 ssistant SIGNATURE MEDICAL EXAMINER SIGNED. EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. (TYPE OR PRINT) CEMETERY OR CREMATORY 3d. LOCATION 25M 250. DATE REC'D. BY REGIST **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO L DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) John arker 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER 24 HRS Caucasian Male. 9 1913 AR 73 O BIRTHPLACE I STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Anne Arundel Baltimore.Md. USA WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION BATHLOF BUSINESS OR Anne Arunder General Hospita Retired working Life Annapolis President Md. Sherwood Forester City Links? 510 Elette John 2/40 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sippel Marie Alice Parker William F. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS same as 13e 579-42-5928 Ruth Sippel ves 18 CAUSE OF DEATH (Enter only one couse per line for ( tb), and I PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) [that) (did not) view the body after death DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 294 ADDRESS Laurel should b m) 2070; 23¢ NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Cremation 1/8/87 Balto.Wash.Crematory Laurel P.G Md". 7601 Sandy Spring Rd. 24 FUNERAL DIRECTOR 250. DATE REC'D. DHMH - 16 50M 1/B1 (VRA 15, 4) Fleck Funeral Home, Inc. Laurel, Md.

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(VRA 15, 4)						T T A LIIA	A . LID .	וחט		-			

A THE PARTY NEW MALE

23c. NAME OF CEMETERY OR CREMATORY

Md. Veterans

DHMH - 16 60M 7/84 (VRA 15, 4)

T<sup>ME</sup> A. Hardesty Ann. Md. 21401

2-2-87

230. BURIAL, CREMATION, REMOVAL 23b. DATE

Burial

24 FUNERAL DIRECTOR

Crownsville A, A. Md
250 DATE REC'D. BY REGISTRAR'S SIGNATURE

COUNTY

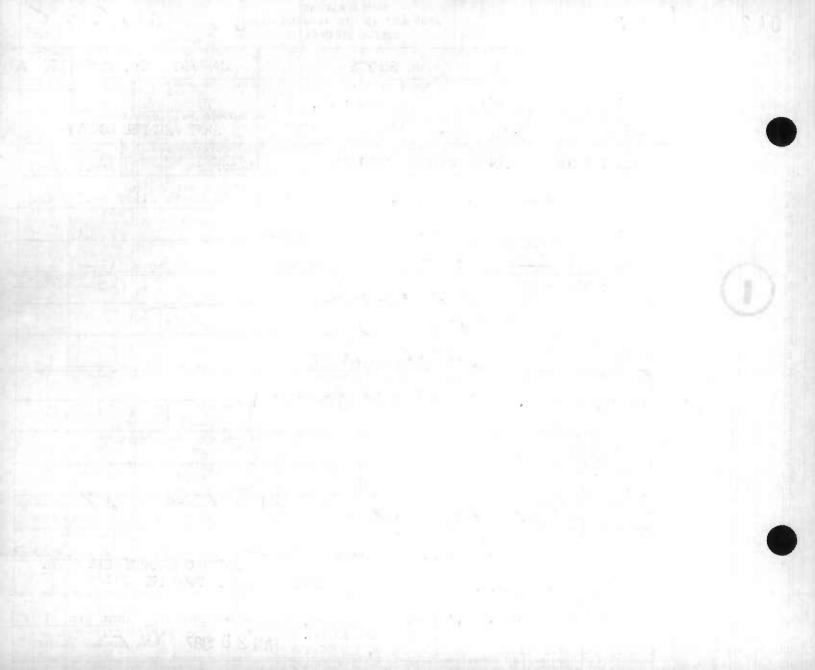
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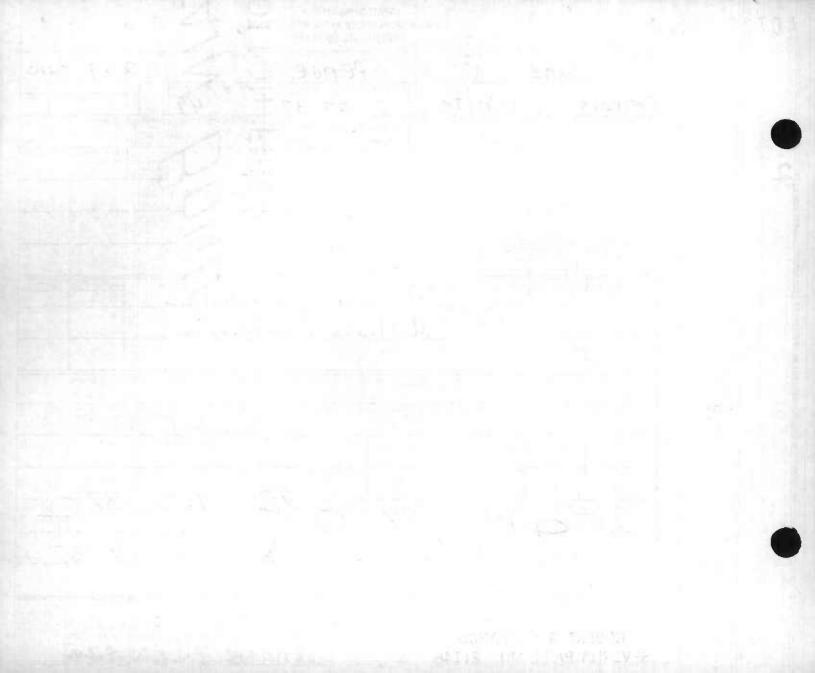
23d LOCATION

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) HENRY **JANUARY** 07, 1987 MMT SOUIRES 2.04 dec IF UNDER I YEAR LSEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR Male White 1900 January BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY Maryland United States WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNT ARUNDEL HOSPITAI Foreman Carpenter Food Co. BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136. COUNTY la Baltimore 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Anne Arundell 8212 Ft. Smallwood Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Squires Margaret George Hope ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 213-01-9538 Yes Charles S. Squires APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) ond (c) PART I. DE ATH WAS CAUSED BY. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS. underlying couse lost 0 50 a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICAT 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? to DATE OF 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? mauchen NO [ 21a ACHDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 71d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OF TOWN COUNTY STATE NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on \_\_\_\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ME SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR THYSICIAN T ATTENDING 274 PHYSICIAN'S NAME THE COM 22e ADDRESS 7845 OAKWOOD ROAD, SUITE 204 should SANG K. BURNIE MARYLAND 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN Burial Glen Haven Mem. Jan. 10. Park Glen Burnie Anne Arundel MD 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 3204 Mountain Rd. DHMH - 16 60M 7/84 (VRA 15, 4) McCully Funeral Homes

Pasadena, MD 21122

STATE OF MARYLAND

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ctor. pc	3. SE	MALE	1 RACE	S DATE OF BIRTH	6. AGE S LAST BIRT	MC	FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
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requires requires re signe Then p re to bur injury,	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	)ITION GIVEN	V IN PART 110	
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ATTE Sspirto CTO d for n 21			t) view the body after death.	ond that in (my) (ove) opinion	death occurred on the do	te and hour o	and from the c	ouses stated
ral OR y the horal DIRE detocher oute Deprint Head		226. SIGNATURE CLC	Cerm	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22c. DATE S	IGNED
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m £		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
nay be page 3 rr death		IWILA	LOUISE STEINECKER -JAN 22	287 H
free p	3 SE	×	RACE S. DATE OF BIRTH GAS (IN YEARS LAST BIRTHDAY) IF	UNDER TYEAR IF UNDER 24 HRS. NEHS DAYS HOURS MIN.
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been si prior to any inju	CERTIFICATION	190 DATE OF OPERATION		
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DHMH - 16 60M 7/84	1	2 NAME TO THE ON A	250 DATE REC'D, 8Y REGISTRARIZA ROGISTON	RS SIGNIATORE
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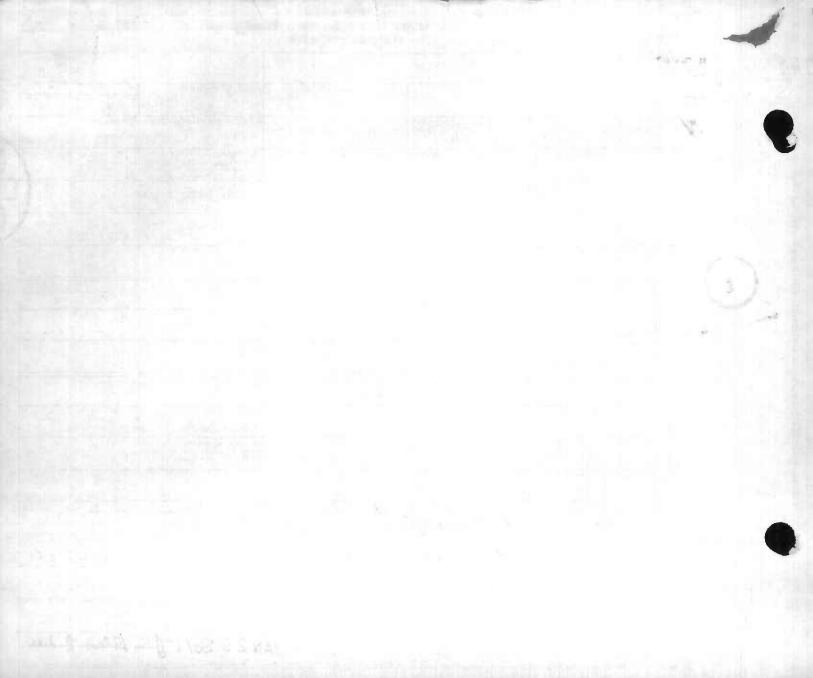
STATE OF MARYLAND

CERTIFICATE OF DEATH

	REGISTRAR				CENTIL	ICATE OF DEATH	R	EG. NO			
	CEASED NAME	FIR51		MIDOLE	l	AST	20. DATE OF DE.	ATH MONTH	OAY YEAR	2h HOUR	
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3. SE	EX		4 RACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	FEMALE		WHITE		FEI	3. 25,1968	78	YRS	MONTHS DAYS	HOURS MIN.	
70. B	BIRTHPLACE (51)			WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH		
	WASHIN	IGTON, D	.C. U.	S.A.	WIDOWE		ANNE	ARUNDI	EL CO.	MD.	
10.0	ITY OR TOWN O		11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING L	12b. KIND O	F BUSINESS OR	
	EDGEWAT	ER	PLEAS			CONV.		RAPHER		ROAD	
USU 130.	STATE	F NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)	13d INSIDE CITY LIMITS?		RESS / ZIP COD	E 212	-wy	
0	MD		. A .	EDGEWA'		YES NO X		ore Dr		har /	
14. F	ATHER'S NAME		WIDOLE	LAST		15 MOTHER'S MAIDEN N	AME	IODLE	LAS	- Day 100	
	ROBERT			POLLA	RD	MARY	M	OULE	BARB		
	WAS DECEASED		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
	NO	[17 165, 0146	WAR OR DATES	579-03	-8493	ALAN STRU	JCK SAME	AS 13			
	18 CAUSE OF	DEATH (Enter onl	y one couse per	line for (a), (b), and	1(0).)				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
	PART I. DEA	TH WAS CAUSED	DBY: E CAUSE (o)	SEPS1	S				1	WIC	
	DUE TO, OR AS A CONSEQUENCE OF								7 / 40		
	Conditions, if		( (b)_	STRO.					2	4R8	
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	underlying	couse lost.	( (0)								
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	The state of the s	AS UNDERLYING CAUSE OF DEA	110.00	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)		
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MED	21d INJURY OC	CURRED	21e PLACE (	OF INJURY PEET, FACTORY, OFFICE, FA	ARM ETC )	21f LOCATION STREET	CII	TY OR TOWN	COUNTY	STATE	
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		ot (1) (this hospit eceosed olive on		e deceosed from	100	d that in (my) (our) opinion	, .0			that (I) (we) lost	
	obove, (I) (	we) (did) (did not				DEGREE	deoin occurred or	the dote ond hol			
	Dr.	Men 1	200	1111	- 4	ATTENDING.	MEDICAL	STAFF	22c. DATE	In Oto	
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1224	PUDIAL COENAY			100 10	AME OF S				000, 1		
	BURIAL, CREMAT (SPECIFY)		1/27/8		T MAI	EMETERY OR CREMATORY	23d LOCATIO		A A M	T) STATE	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) VERNARD LEE SUTPHIN ESTI-DEATH MATED 6 198 3 SEX 4. RACE DATE OF BIRTH 6 AGE LINYEARS IF UNDER LYR IF UNDER 24 HRS 2d HOUR DATE 2DAY NONTH LAST BISHDAY MALE WHITE PRONOUNCED OUR DEAD YRS TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED VIRGINIA S DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNAPOLIS LAWRENCE AVE SEPTIC SYSTEMS SERVICES 13g STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS .00 ANNAPOLTS YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST JOSEPH SUTPHIN WITTITS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS DIVISION LIF YES, GIVE WAR OR DATEST YES WW 11 2255 ALVIN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 5000 R 8000 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF - CANGON OF LUNG Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A E ARDED TO THE CHIEF M AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 1201 PRIOR TO BURIACO 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 234 HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION TO MEDICAL EXAMINER: 1HIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAGTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR FOWN WHILE NOT WHILE WHILE COUNTY 220. I certify that I took charge of the remains described above, held on Autopsy Inspection haurry and in my opinion death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME PUTCHIE HWY SUPRM TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION LAKEMONT DAVIDSONVILLE BURTAI 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 1350 REGISTRAR'S SIGNATI **DHMH - 17** TAYLOR FUNERAL CHAPEL ANNAPOLIS, MD. Julia Devider (VR A15 ME (5))

STATE OF MARYLAND

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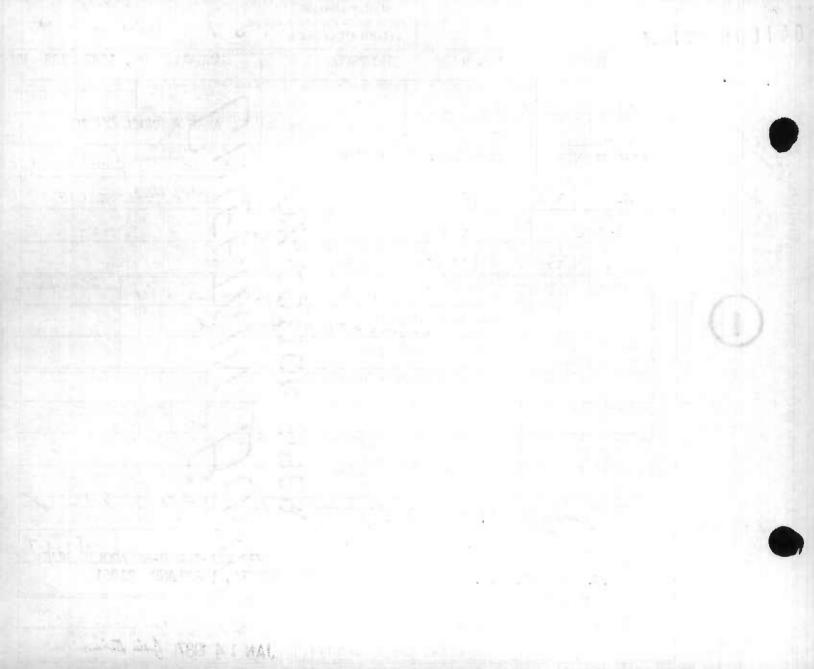
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9 7 755	14. Fz	ATHER'S NAME		MIDDLE	tast	72-16	15. MOTHER'S MAID	EN NAME	MIDDLE	1AS	
# 35633/	1	GEORG	E		HILL			OLINE		DDLETON	34
N CANONA			DEVER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17. INFORMANT S	hadyside,	Madres 07	764	
E SE		NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	217-30-5	182		ICK 6066			
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A CARLES		death resulte	ed fram: Natu	ral causes	Accident .	Suicide	Homicide .	Undetermined r			
A RITH	10		, ,	1			TITLE (SPECIFY)			1	, ,
A A COUNTY		ACTUAL SIGNATURE_	het.	/lea	s n	M	, DEPUT	7 MEDICAL EXA	MINED	DATE //	31/87
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M S W E W S	4	EXAMINER'S	NAME /	1821ES	T. 30	JAG1	ADDRESS &	0 121	THIE	HW	7 50/4
DAY DAY			TION, REMOVAL	23b DATE	23c. NAME OF	CEMETERY O	R CREMATORY	238 LOCATION			
07/84 BP	BÜ	RIAL		-5-1987	OUR L	ADY OF	SORROWS C	EME. OWE	ensville	A.A.	Marylad
25M	24 F	UNERAL DIREC	TOR Ann	apolis				REC'D. BY REGISTR	AR 256 REGISTR	AR'S SIGNATUR	E
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STATE OF MARYLAND

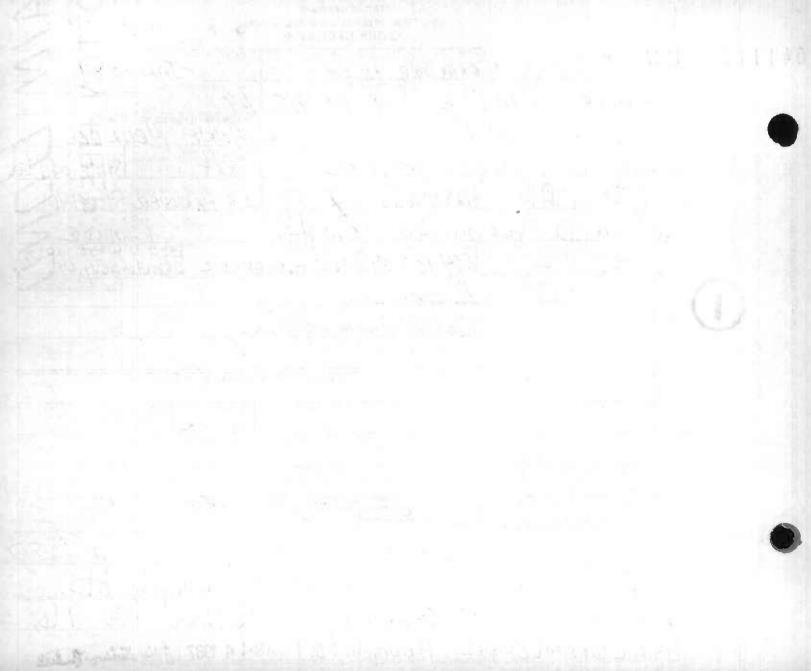
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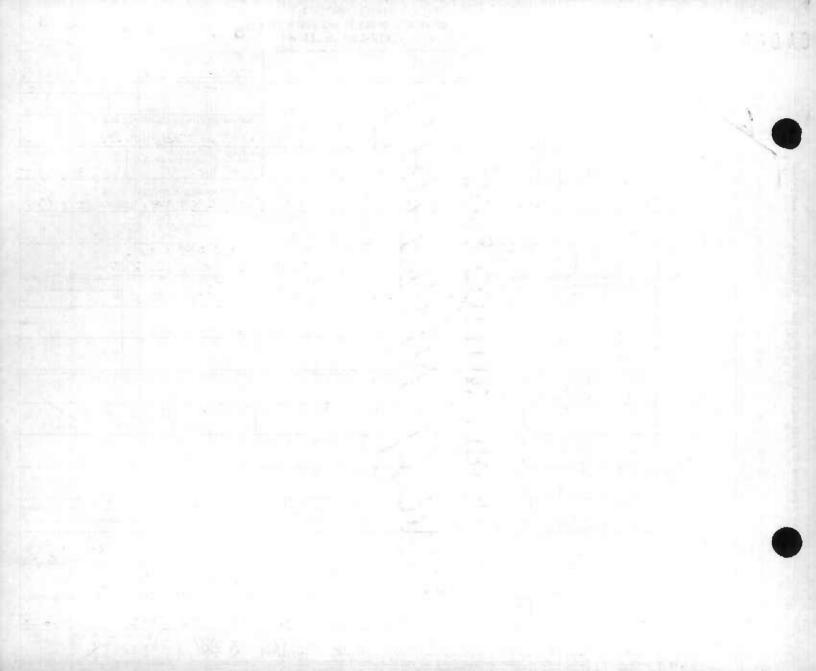
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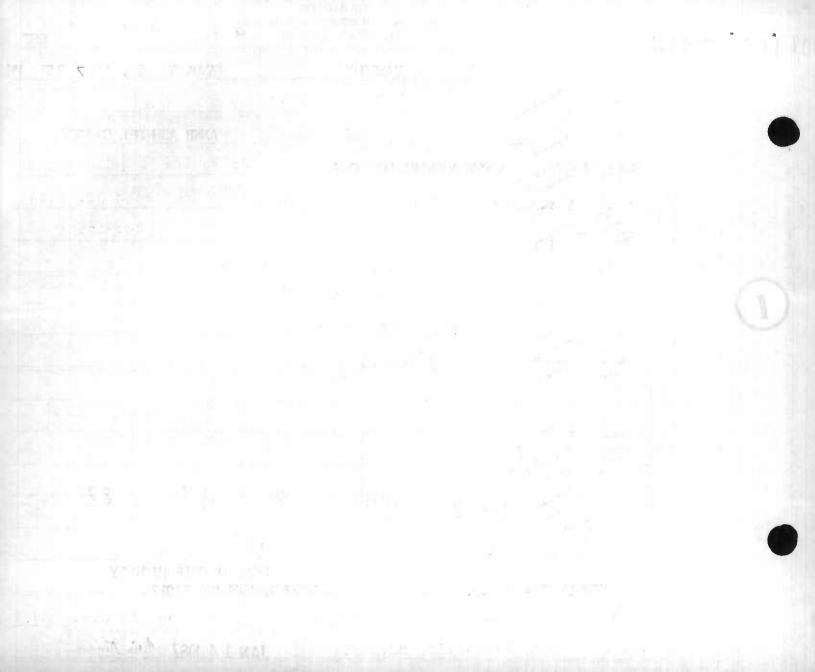
	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENES /	0 0 2 3 /
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JAN I		OR PRINT) CON DON	U PHEXANDE	P Told	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
poge proge	3. SE	× Colon	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RIHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4 r	LF	EMALE	WHITE	914 24 1919	7 69	MONTHS DAYS HOURS MIN.
Secondary Second	M	RTHPLACE, (STATE OR FOREIGN )	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Mulula	HEUNDEL MD
offer d	10.5	ITY OR TOWN OF DEATH	11. NAME OF MOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	(TYPIOF WORK FOR MOST O	
1201	17	AL PESIDENCE LIE NURSING HOME O	OUR INSTITUTION GIVE RESIDENCE BEFOR	OSPITAL	KET	. DIHIE OF ID.
AND 21	13a.	AL RESIDENCE (IF NURSING HOME OF	A HUNAA	13d. INSIDE CITY LIMIT	01/1/1/10	OVER St. 21401
MARYLAND ed within 24 mplete   the	14.F	ATHER'S NAME	AID LE LAST	IS METHER'S MAIDE	MIDDLE	P/NI PASTE
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BALTIMORE.			WAR OR DATES 564 10	8254 ROBERT HA		SKARHOMA City, OK. 31/4
BAL		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line (a), (b), or BY:	dich		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IST.			E CAUSE (0) Mells	mua	0	-
es that the death comed by the approach goldener remove containing the company of	:	Condition if bid	DUE TO, OR AR'A CONSEQU	ENCE OF	time	
PRES		Conditions, if any, which gove rise to immediate couse (a), stating the	(b) (c) (c)	Carron of b	The same of the sa	
W.		underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF	0	
res the production of the prod		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 110
SON BEAUTY	O N					
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The law requir r ottending physician. Wer this certificate has been aft as the buriol-tronsit permit. The th and Mental Hygiene price to orked ar Hem 18 shows on mitty	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL The Con. icion.	E E				YES NO	YES NO
OF VIT.  CLAN. T  physici  rificate		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216 HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART 2)
ON OF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	21f LOCATION		
15101 PHY rendi rendi ond M	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	OWN COUNTY STATE
OIN or or o		22a I certify that (I) (this hospita	TV attended the deceased from	1212-10	8h . 19/10	10.87
TEN TOR: or us		saw the deceased alive on	1-9	87, and that in (my) (que) opi	nion death occurred an the d	ate and hour and from the couses stated
hosp hosp hesp:		obove, (1) (we) (dig) (did not 226. SIGNATURE	view the body offer-death.	DEGREE		221. DATE STONED
		Clast	Louis	ATTENDIN PHYSICIA	MEDICAL STA	FF IN D Sou 8)
HOSPIT, Indeed by FUNER, FUNER, wild be dhiston the Standard ooktan.	1	224 PHYSICIAN'S NAME (TYPE OF	PRINT)	22e. ADDRESS	0/0.	1 IN
TO HOSPITAL of Cetoined by the TO FUNEER by the Should be detoined by the State of IMPORTANT: If		7010 h	OWE	79/WEST	St. HWW	Apolis MD.
76 12 2 3	23a 1	BURIAL, CREMATION, REMOVAL	236. DATE / 287)	NAME OF CEMETERY OR CREMATO	DRY 234 LOCATION	DIANTY MATE
BP	E	EMATION	11/2/8/ (8	DARHILL	SUTHAN	Dr.G. FLD.
DHMH - 16 60M 7/84	T	UNERAL DIRECTOR	PILOSEI ADDRES	1300 1 1 1 250	I A A . A	25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	1/6	YLOIC TUIVEICE	CHAPKE IT	UN APOUS, IN.	JAN 1 4 1987	Julia Dander D. Jan



(VRA 15, 4)



	1				STA	TE OF MARYLAND			146	4
1079 MM I	1	FOR STATE REGISTRAR				HEALTH AND MENTAL HY FICATE OF DEATH	GIENE / REG. N	0 0	2 5	EST
I U I U JAM I		CEASED NAME FIN	IST .	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
noy be poge 3	,,,,,	Al	NA	M	VANS	COY	JANUAR.	Y 06.	1987	7 53 RM
mo	3 SE	x	4 RAC	E		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF I		FUNDER 24 HRS
0 0	V	Female	Wh	ite	~8°	8 25-1917	69	YRS	UMTS DATS	MIN.
4 4 4 19	Te. B	RTHPLACE (STATE OR FOREK COUNTRY) Pa.	US	ZEN OF WHAT CO A	DUNTRY? & MARRI WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	R COUNTY OF		( MD
11/194	10 C	GLEN BURNIE	(IF	NOT IN SUCH FACILITY,	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST CHOOLS OF WORK FOR MOST CHOOLS OF WILLIAM OF THE PROPERTY OF THE PROPERT		12b. KIND OF B INDUSTRY House	hold
LAND 2120	13a	Md. A	COUNTY	ISTITUTION GIVE RESIDE	OR TOWN		13e STREET ADDRESS .	zırcode	n Rd.	21144
The state of	DF.	Anthony	MIDDLE	Hancz	ek	15. MOTHER'S MAIDEN N. FIRST Mary	AME	Red	chinsk	i
H. T. S.	160	VAS DECEASED EVER IN U			IAL SECURITY NO.	17 INFORMANT	ADDRI	SS		
TIMORE,		YES NO OR UNKNOWN) (IF	YES, GIVE WAR OF N — A		-26-7122	Richard L	. Vanscoy	# 13	3e	
ot w. PRESTON ST.  that the death certified by the attending phy lease remove corbange iol, cremotion, or remoor after froumotic even		Canditions, if any, wh gave rise to immedia cause (a), stating	DU DU		ONSEQUENCE OF	west wen				
IL RECORDS, 2  The low requires on.  Thos been signe one prior to bur ows any injury.	CERTIFICATION	PART 2. OTHER SIGNIFIC				T NOT RELATED TO THE TER.	206 AUTOPSY? YES NO	20b. IF YES, W	VERE FINDING	S USED F DEATH?
SICIAN: T ng physics certificate rinol-tronsil frem 18 sh		210. ACCIDENT WAS UNDERLY.  OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALE)	OF DEATH	D. TIME OF INJURY OUR A.M. MOI P.M.	NTH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2}	
DING PHYS or ottending After this c e os the bur oith and Me marked ar th	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e	PLACE OF INJUR	Y	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ATTENDIF Septel or CCTOR: A d for use of for use of for use of for use of		220.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (				ind that in (my) (our) apiniar	to death accurred on the de	. 19. ate and hour ar		at (1) (we) last uses stated
OR he ho oche		226 SIGNATURE	luc	is		DEGREE ATTENDING PHYSICIAN	MEDICAL STAL	FF IAN [	22c DATE SIG	GNED
TO HOSPITAL TO HOSPITAL TO FUNERAL should be det with the Store		22d PHYS NAME		S M D		and the second second second second	521 RITCHIE		Y	
5 5 5 4 3 ₹		SURIAL, CREMATION, REM	OVAL 23b [	DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
BP	I	ßür al	1	-9-87	Glen	Haven	Glen	Bur Le	A.A.	Md.
DHMH - 16 60M 7/84		JNERAL DIRECTOR			. Door.	250 DA	TE REC'D. BY REGISTRAR			
(VRA 15. 4)		.A. Hardes	stv A	nnapoli	ADDRESS Md 2	1401	TAN 4 4007	Asia	Nicition :	Padass



nerol director page 3 in 72 hours after death

STAIL OF MAKILAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REG. NO.				
1	20. DATE OF DEATH MON	TH DAY	YEAR	26 HOUR	
	Jan.4, 1987	7		7:00	
	& AGE (IN YEARS LAST BIRTHDAY	) IF UN	DER 1 YEAR	IF UNDER 24 HI	

.0 0 5 0

9.8	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENES / O REG. NO.	0 2	6 J			
	CEASED NAME FIRST	MIDDLE	(	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
(TYPE	DÖROTHY	A.G.		VILLA	Jan.4, 1987	1/4	7:00 AM			
3. SE	(	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	#FUNDER 1 YEAR	# UNDER 24 HRS HOURS MIN.			
FI	EMALE	WHITE	Mar	.11, DAY 1927 YEAR	59 YRS.	i dars	MIN.			
la Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH				
P	ENNSYLVANIA	U.S.A.	WIDOWE		ANNE ARUNDEL		MD.			
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR			
	Baltimore	918 FIRST ST			HOME MAKER	HOUSE	WIFE			
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY) A.	ITY IS CITY OR TO		NO NO NO	918 FIRST ST.	ÞΕ	21225			
14 FA	THER'S NAME	MIDDLE LAST	1145	15. MOTHER'S MAIDEN NA		LA!	61			
J	OHN - MAIN	REINHART	SICH SOL	JOSEPHINE	- YEAGER					
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS					
N	(IF YES, GIV	219-18	-2969	FRANK A. VII	LLA (SAME A	S 13e)	March 1			
	PART I. DEATH WAS CAUSE	Ily one cause per line far (a), (b), D BY. IFE CAUSE (a)	diop	ie heart	failure diouscular	dusa	ansei and Death			
NO	PART ? OTHER SIGNIFICANT	Elistica)	1110	Dulinans	uldisease	IVEN IN PART 1	0			
CERTIFICATION	No DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	WAS PERFORMED	IN CERT	ES, WERE FINDS IFYING CAUSES 'ES				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN FIEM 18	PART I OR PART 2)				
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
	220.1 certify that (1) (this haspi	ital) attended the deceased frai		nd that in (my) (aur) apinian	, ta death occurred an the date and ha		that (I) (we) last causes stated			
	276. SIGNATURE	Lane mp		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		SIGNED			
	224 PHYSICIAN'S NAME (TYPE C		27e ADDRESS							
177	Marcia Kane	e MD		606 Hammonds Lane, Baltimore, MD 21225						

MPORTANT: If Hem 21 is marked or He 23a

23d LOCATION
CITY OF TOWN
GLEN BURNIE

BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	į
BURIAL	1/7/87	GLEN HAVEN MEM PARK	ı
CLINEDAL DIRECTOR		25a DATE P	Ē

GEORGE GONCE 4001 RITCHIE HWY BALTO MD 21225 C'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

MD

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

should be detached for use as the burial-tronsit permit. Then please remove a with the State Dept. of Health and Mental Hygrene prior to burial, cremation.

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40.0	TERF , Kinny			Conversion	
	69	FRY Charles			
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DHMH - 16 60M 7/84

(VRA 15, 4)

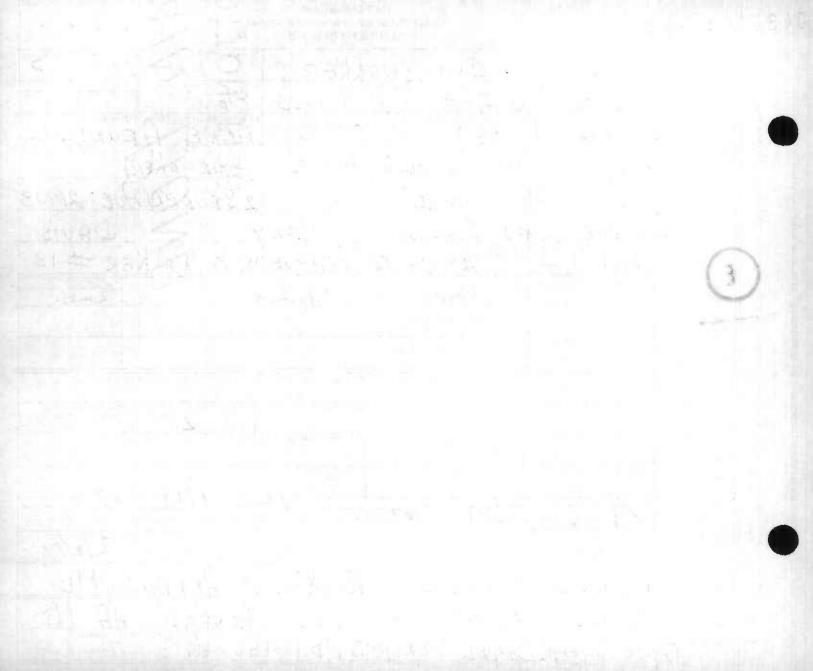
24 FUNERAL DIRECTOR

HARDESTY FUN. HOME 12RIDGELYAVE. ANN. MD.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



0.1.	1		STATE OF MARYLAND	***
3409 FEB -	9.4	STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	204
		REGISTRAR	CERTIFICATE OF DEATH REG. NO	
. m=		CEASED NAME FIRST	MIDDLE 20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
9 80		MAR	C. WALKER 1/29/8	PM
2/ 44	3 SE	×		UNDER TYEAR IF UNDER 24 HRS
000	1	EMALE	WHITE 3 3 1900 86 YRS.	DAIS HOOKS MIN.
2 3874	16-12	THPLACE (STATE OF FOREIGN	The CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 7. BALTIMORE CITY OR COUNTY O	OF DEATH
I IND		ENNA	USA WIDOWED DIVORCED   HUNE HE	PUNDELMO.
1190	10,50	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NUMBING HOME OF OTHER INSTITUTION 126 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
De 180 a	L	HUNHADLIS	HUNAPOHIS MURSING HOME HOME MAKER	14003181
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, CALE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE	2
		MD. H	HUNAPOLIS YES X NO D D SEVERN 17	WE 21403
15/41	14.5	THER'S NAME	ADDIE , DIS MOTHER'S MAIDEN NAME MIDDLE	N
	0	FEDRAE 1	DAY COLLINS MARY	DAVIS
200		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VARIOR DATES)	412
Y K V		PO -	V68-20-2509 SHER RURIUE B. WALKE	ER # 13
A MAL		18 CAUSE OF DEATH (Enter and	y one cause per lyrefor (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
411		PART I. DEATH WAS CAUSED IMMEDIATI	ECAUSE (a) Conglytul heart facture	2mos-
~~ 5 5 5			DUE TO, OR AS A CONSEQUENCE OF	
he attenda emove con mation to		Canditions, if any, which	(b)	
4 6 2 2		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
d by lease ial, cr or oth		underlying cause last.	(c)	
bury,	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
0 - 0 ×	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
. See e s	FIC	THE DATE OF OPERATION	IN CERTIFYI	ING CAUSES OF DEATH?
0 5 0 1	ERT	210. ACCIDENT WAS UNDERLYING	YES VES VES VES VES VES VES VES VES VES V	
certificat rial-tran ental Hy frem 18 s		OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH DAY YEAR	, 1 OK PAR 1 2 1
buriol-I buriol-I I Mentol or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY 211 LOCATION	
the ond sed o	ME	NAME OF BOTH OF	(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
Afte olth mork		4	oli attended the deceased from 19.72 to (12.5)	87
TOR Portug of He		faw the deceased alive on.	and that in (my) (gur) opinion death occurred on the date and hour of	and from the causes stated
hospit IRECTC hed for ept. of them 21		72 SIGNATURE / /	) view the Body ofter death.  DEGREE	22mDATI SIGNED
0 0 0 0 -		Vartal A	ATTENDING MEDICAL STAFF	2/2/87
retained by the retained by the TO FUNERAL (should be deto with the State (IMPORTANT: If		224 PHYSICIAN'S NAME (TYPE OR	PHYSICIAN DIRECTOR PHYSICIAN D	
O HOSP etained to TO Fune should be with the S	111	RIPHOPN	MEELER TENUKHINST- HUNAMA	MD
5 6 6 8 8 8 4	23a	SURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CONSTRUY 236 LOCATION .	401130-
BP		Migh	2-3-87 St. GNNES ADNADILI	AND MY
	24 F	UNERAL DIRECTOR	250 DATE REC'D BY REGIS RAR 250, REGISTRA	AR'S SIGNATURE
PHMH - 16 60M 7/B4 (VRA 15, 4)	TO	1/10 FINILDA	CHAPEL PONAPOLIS MD. FEB 6 1987 Julia	Tender Pondale
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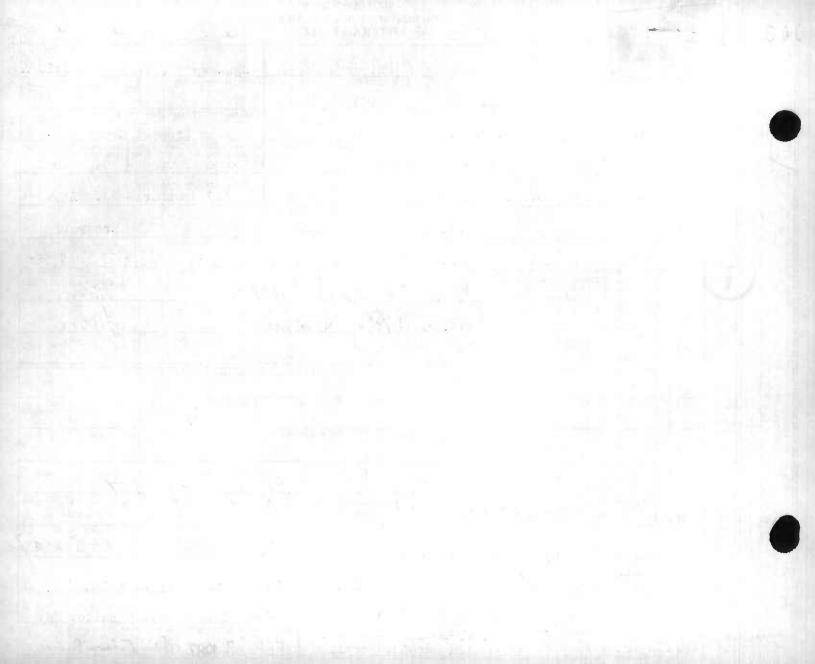


Julia Dividson Randall

Singleton Funeral Home, Glen Burnie, Maryland

DHMH - 16 50M 4/B3

(VRA 15. 4)



STATE	OF M	ARYL	AND
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8	REG. NO.	0	0	2	6	
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48 JAN	7	FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. 0 2 5							
24		CEASED NAME	FIRST	û	VIDDLE .	WA	This		MONTH DAY YEAR	2b H	
Hor pop	3. SE.	×	4. 1	RACE	B	S. DATE C	F BIRTH  - DAY - YEAR 2	6 AGE IN YEARS LAST BIR	RIHDAY) IF UNDER I YEAR		
11 25		RTHPLACE (STATE OR:	FOREIGN 7b	U.S.A	WHAT COUNTRY	? 8. MARRIE WIDOWE	XXEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	Y	
1143	Al	IY OR TOWN OF DE		ANNE A	RUNDEL C	ENERA	L HOSPITAL	17ª USUAL OCCUPAT (TYPE OF WORK FOR MOST O TRUCK DRIV	DE WORKING LIFE) INDUSTRY		
a partie	13a. S MAI	AL RESIDENCE (# NURS STATE RYLAND	135 COUNTY		GLAESVI	WN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 963 W. Be		201	
1020	2 "	CLARENC	E MIDI		WATKI		15. MOTHER'S MAIDEN NA FIRST MARGARE	T MIDDLE	TALBO	OT	
ocian and co		VAS DECEASED EVER VES. NO OR UNKNOWN) LES	IN U.S. ARME	AR OR DATES	16b. SOCIAL SEC 214-12-		MARTHA E. WA	alesville, KINS 969 W		d.	
signed by the hen pieces remit to be an included his pieces. The history or other history and the history or other history are other history.	NO	gave rise to improve (a), statifunderlying cause	lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	EDITION GIVEN IN PART	)(a)	
hos been t permit. I tene prior tows ony it	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [	DINGS U ES OF D	
ertificate indicate indicate into Hygien I 8 sh	MEDICAL CER	210 ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER NOTIFY MEDI 21d INJURY OCCUR	CAUSE OF DEATH	21b. TIME O HOUR A.I P.I	M. MONTH [ M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		711	
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DHMH - 16 60M 7/84 (VRA 15, 4)

WILLIAM REESE & SONS MORTUARY, P.A.

JAN 23 1987 Julia Diridon Randale

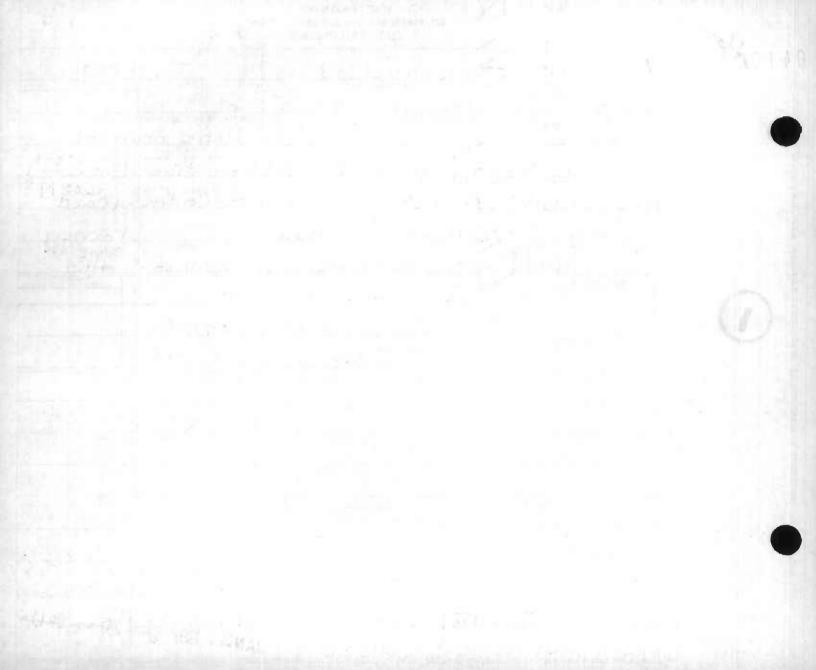
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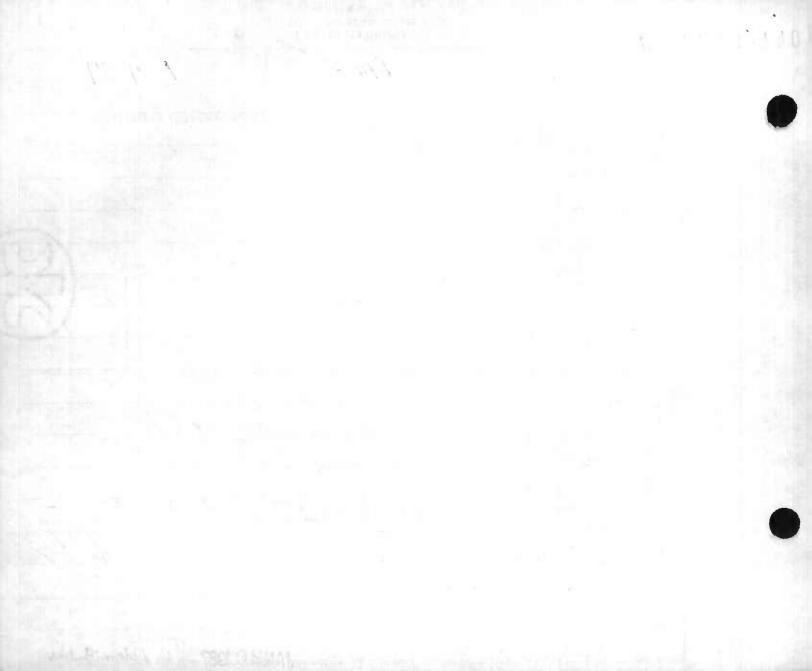
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	TO HOSPITAL Or retained by the TO FUNERAL DI should be detact with the State De	RTANT: #		DELLECT THE PHYSICIAN'S NAME ITHE		loued	4,4	27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/27/87
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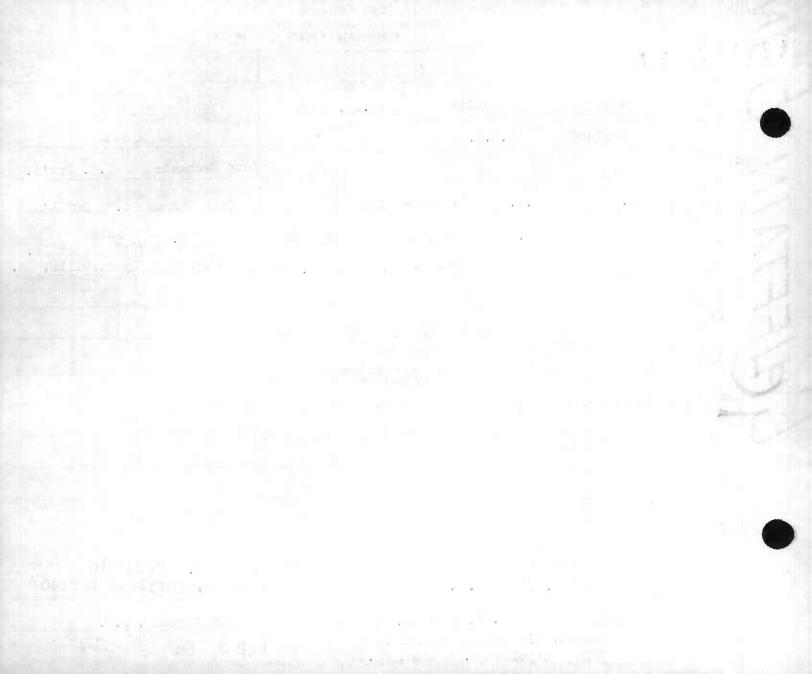
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(TYPE OR PRINT)  MARY EUGENIA WINCHESTER	DEATH MONTH DAY YEAR 26 HOUR
MARY EUGENIA WINCHESTER	1 1 0 0
3 SEX 14 RACE 5 DATE OF BIRTH 6 AGE (INV	1-10-81 750 PM
MONTH DAY YEAR	EARS LAST BIRTHDAY)  IF UNDER 1 YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
FEMALE WHITE 10 17 1892 94	
76 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? & MARRIED \( \subseteq \) NEVER MARRIED \( \subseteq \) 9 BALTIMO	RE CITY OR COUNTY OF DEATH
Marriand IIICA	ne Arundel County MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL	OCCUPATION 12b. KIND OF BUSINESS OR K FOR MOST OF WORKING LIFE) INDUSTRY
GLENBULNIL MOL MANO HOMEN	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORE ADMISSION) 130. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET	ADDRESS / ZIP CODE
	Tieman Drive 21061
14 FATHER'S NAME FIRST MIDDLE LAST  FIRST  MIDDLE FIRST	MIDDLE LAST
Rubin Cavey UNKNO	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  (YES NO OR UNKNOWN)	ADDRESS
	ster 1612 Tieman Dr. 2106
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Cardial Ament	Minutes
Canditions, if any, which gave rise to immediate cause 10), stoting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  AMERICAN CONSEQUENCE OF	maker Seven Years
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS  190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO  YES   210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 215 HOW INJURY OCCURRED (ENTER NA	E OR CONDITION GIVEN IN PART IT OF THE PROPERTY OF THE PROPERT
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NA	
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OR CONTRIBUTINGCAUSE OF DEATH	CITY OR FOWN COUNTY STATE
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276. SIGNATURE  PLEATH PREMIATER ATTENDING MEDICAL PHYSICIAN DIRECTOR  226 PHYSICIAN'S NAME (TYPE OF PRINT)  226. ADDRESS	STAFF PHYSICIAN   224. DATE SIGNED
PETER A RHEINSTEIN, MD Manuford Mana	n Murama Home
236 BURIAL, CREMATION, REMOVAL 236. DATE 28c. NAME OF CEMETERY OF CREMATOR 236 LOCA CITY	ORTOWN COUNTY STATE
	cidge Howard Maryland
Hubbard Funeral Home, Inc. 4107 Wilkens Ave. JAN 1219	

DHMH - 16 50M 4/83 (VRA 15, 4)

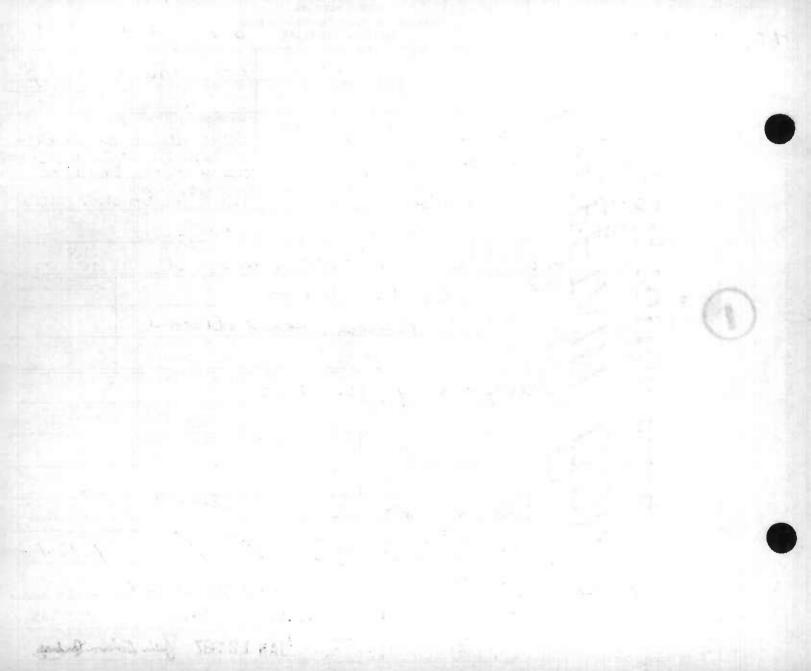
d	- 1			STATE OF MARYLAND		
2		FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE / REG. NO.	002/4
J4 6827 FF	B +	DECEASED NAME FIRST	WIDDIE	LAST		ONTH DAY YEAR 26 HOUR
noy be page 3		Charle	ES L.	WINDHAM	/	29 81 1:04 M
mo)		SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	
oge 4		MALE	White	Aug. 15, 1906	80	YRS DAYS HOURS MIN.
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0	1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED
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DIVISION OF VIT NG PHYSICIAN: Offending physician differ this certificate with the conditional physician p		WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY OFFICE	FARM EIC)	CITY OR TOWN	COUNTY STATE
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OR A DIRE		TH SIGNATURE		DEGREE		22c. DATE SIGNED
Y the		1001 /	1 oul	ATTENDIN PHYSICIA	N DIRECTOR PHYSICIAN	1-29-87
SSPIT ed b UNER JABE A BE STAN	1	22d. PHYSICIAN'S NAME 11910	/1	22e ADDRESS	7 WEST ST. ST	
TO HOSPITAL retained by the TO FUNERAL should be deto with the State ImpORTANT: If		JON B.	LOWE M.D.	A	nnapolis, Mar	ryland 21401
\(\frac{1}{2} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(		30 BURIAL, PREMATION, REMOVAL	-	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
BP		SPECIFIC Burial	Feb. 1, 1987 M	It. Olivet	Washingto	n, D.C.
DHMH - 16 60M 7/8	34	FUNERAL DIRECTED HON / Ha	le Lanham Funer	al Home	DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15, 4)		9013 Anna	polis Rd. Lanha	m. Md.20706	FEB 3 1987	Gulea Davidern-Kandall



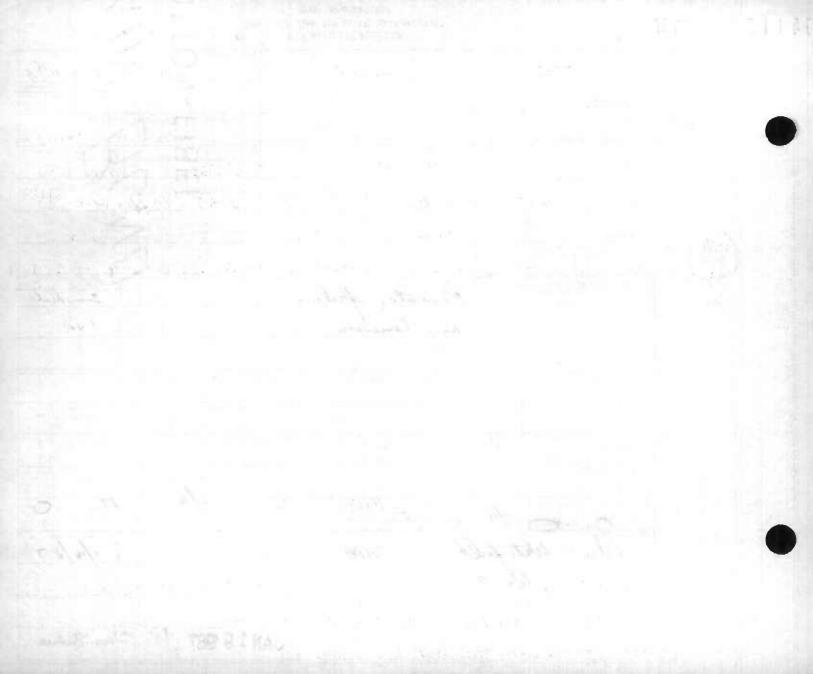
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	1	ent, the r		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	1	Minoria.	V. C. V. V. C. V. V. C. V. V. C. V. V. C. V. V. C. V. C. V. V. C. V. V. C. V.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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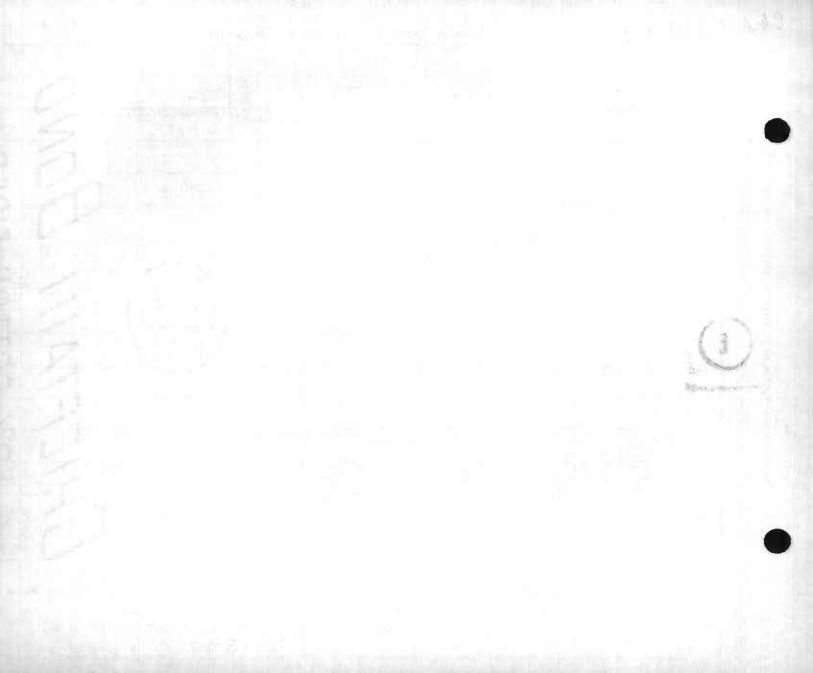
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the furth	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN:  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			OR OTHER INSTITUTION		O USUAL OCCUPATE		126. KIND OF BUSINESS OR		
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	ALCSIA	7a B	RTHPLACE (STAT		76. CITIZEN OF W		0		9 BALTIMO	RE CITY OR COUN		/ Am		
	NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS W. CRESTON STREET,		RGINIA		II S A	U.S.A.   MARRIED   NEVER MARRIED   Anne Arundel Cou								
	IF ANY DELAY IS NE 2. AND 310 THE FUN 3. RETAIN PAGE 5 SHOULD BE FILED. 1. RECORDS, 291 W. I		TY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO							VORK 1126 KIND OF BUSINESS		
251	PHO STORY				(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Anne Arundel General Hospital  FOR MOST OF WORKING LIFE)  DOMESTIC						NONE OR INDUSTRY			
	DO NO	LISU	Annapoli	LS	Anne Aru	INDEL Genera	I Hos	pital	DOMESTIC	TVOTVE				
201	ZOENES C	130 S	TATE	136 COU	NTY	13c. CITY OR TOWN	1	3d. INSIDE CITY LIMITS?	712 BESTG		214	131		
2	A A S B B B B B B B B B B B B B B B B B		RYLAND	ANN	E ARUNDEL	ANNAPOLIS		YES X NO	/12 BESTG	ATE RD.	-//	0/		
W W	1 - 50 3 1		ATHER'S NAME FIRST		MIDDLE	LAST	15 MOTHER'S MAIDEN		NAME	LAST				
RE,	ASSES L		RIER			PAGE		JULIA			WESSON			
N.	PAR ON	160 V	VAS DECEASED E		RMED FORCES?	166 SOCIAL SECURITY		17. INFORMANT		ADDRESS				
BALTIMORE, MD. 2120	SS AFTER DEATH. IF GIVE PAGES 1, 2, MITH FORM PW 3, PAGES 1 AND 2 SH BIVISION OF WITH R	NC				UNKNOWN		PATRICIA :	PAYLOR (DAU)	2305 CAT	SKILL S	T.		
	URS AF WITH 1 WITH 1 DIVISION		18 CAUSE OF	DEATH (Enter o	only one couse per line	e for (o), (b), and (c).)			TEMPLE	HILLS,	MID . APPROXIM	ATE INTERVAL		
N N	S S S S S S S S S S S S S S S S S S S		PARTIDEA	TH WAS CAUS	ED BY: ATE CAUSE (o)	Hypertroph	ic ca	rdiomyopat	hv		BETWEEN ON	SET AND DEATH		
013	AE ON THE STATE OF			() TOTAL DI		AS A CONSEQUENCE C				-6		45.		
S .	5 15 2 3 2			if any, which										
× .	E STATE OF		gove rise to immediate / (b)											
201	12 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		lying cause lost.											
S.	804355		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)											
REÇORDS, 201 W. PRESTON ST., D. BE DXEC HERMANN 24 HOUS PRESING BY HERMIN THE NIS MEDICAL BY HERMIN PERMIT EASTH AN WENTAL HYGIENE, I. CORMANN PERMIT LOSS MEDICAL PROPERTY.									(11(0)					
			190. DATE OF O	PERATION		y and gastrointestinal hemorrhage Ilib. CONDITION FOR WHICH OPERATION WAS PERFORMED?								
Z	ると音楽なる	CERTIFICATION				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STERN CRITICO.			20 AUTOPS			
DIVISION OF VITAL SCETTFICATE SHOU RITING THE CHE ROED TO THE ROED TO			21g. EXTERNAL	CAUSE WAS	21b. TIME OI	FINITIPY	121, 40	W/ INTELLED OF CURREN	D LENTER NATURE OF INJUR		YES 🔀	NO 🗆		
ō	HCATE THE W TO THE COULD WITME		UNDERLYING	OR	HOUR A.M	MONTH DAY YEAR	I III HO	W INJORT OCCURRE	D (ENIER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P	ART 2)			
Ö	PART OF THE STATE	MEDICAL	CONTRIBUTING			OF INJURY (AT HOME	211.100	171011						
Ž	BESS 84	MEG				TORY, FARM, ETC.)	21f. LOC.	REET	CITY OR TOWN	C	DUNTY	STATE		
۵	A A A A A A A A A A A A A A A A A A A		AT WORK	AT WORK										
	OR SE		220. I certify	that I took cha	rge of the remains des	scribed above, held an	Autopsy	X Inspection	Inquiry	, and in my a	מפוחומ			
	NOTE TO		death resulted	fram: Nat	ural causes X,	Accident . Suid	ide	Homicide .	Undetermined mann					
	KAA ERTI WITE WITE ARY			15		d		TITLE (SPECIFY)						
	A SOUTH THE SECOND SECO		ACTUAL SIGNATURE	4/2	the to		AA F		MEDICAL EXAMIN	DATE	1-3	0-87		
	SE S		- 1. A	0	//		741,0		E_MEDICAL EXAMIN	ier Sign	EU	0_0,		
	MEDIC CUTE THE SE 4 SH FUNER FUNER TROPEA	-	(TYPE OR PRINT	AME Wi	11 iam M. 2	Mane, M.D.	A	DDRESS 111 I	Penn St., I	Balto., M	D 2120	1		
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNEAL DIRECTOR: AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND,	23a. B	JRIAL, CREMATIC			23c NAME OF CEM		- CAMEDO	[23d LOCATION					
07/84	BP	19	JRIAL		FEB.5,199			RIAL PARK	"LANDOVE	R, MD. co	INTY	STATE		
25M				Pr TANC		RGIA AVE., N.	TA7 TA77	CU PATER	EC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE			
	DHMH - 17 (VR A15 ME (5))	V	TM & MI	LLIAMS,	4804 (28%)	RGIA AVE., N.	W. , WE	FEE	3 1987	1 1 1	1 P 1	4.0		
	( win (40 (n))								3 1987		wester Kronge	Malla		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 7s. DATE OF DEATH I. DECEASED NAME - MONTH L'EVER COR PRINCIP The 1ma H. Ziegler 1987 January 4 RACE 5 DATE OF BIRTH AGE COLVEARS LAST BIRTHDAY 3 SEX FUNDER! TEAR and textile WEAR Female. White January 26, 1909 THE BRITHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH A CITIZEN OF WHAT COUNTRY? MARRIED DA NEVER MARRIED W. Virginia United States ANNE ARUNDEL CO. WIDOWED DIVORCED [ II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 115 KIND OF BUSINESS OF LE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LYE INDUSTRY Severna Park 663 Creek Rd. Clerical Finance TALKAL RESIDENCE OF HURSING HOME OF COMER HAS VIOLENCE ON RESIDENCE MECHE ADMINISTRA IIII COUNTY DE CITY OF TOWN 114. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. 663 Creek Rd./ 21146 A.A. Severna Park NO W 15 MOTHER'S MAIDEN NAME FATHER'S NAME MEDIE C. Sullivan Sullivan Charles Virginia ADDRESS 16 Brookview Ave. I) INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IN HES DIVE WAR OR DATES! Pasadena, MD 21122 214-07-3637 Karl H. Ziegler APPROXIMATE SYTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ra), this and ic-PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause too, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO No. DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? 20k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES T NO IT TIA ACCEPT WAS UNDERSTONG 21b. TIME OF INJURY THE HOW INJURY OCCURRED. (SINTER MATURE OF PURISH IN TEACHE PART I DRIPHET IN HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (FEITHER HOTEY MEDICAL EXAMPLE) P.M. 10 714. INJURY OCCURRED 71s. PLACE OF INJURY THE LOCATION COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FADA, ETC.) 17s.1 certify that (1) (the hospital) attended the deceased from my) (our) opinion death occurred on the date and hour and from the couses stated DEGREE 17c DATE SAGNED ATTENDING AMDICAL STAFF 22d PHYSICIAN'S NAME THE ORDER 72e ADDRESS 54 Arnold Alexander, MD Ritchie Hwy, Arnold, MD TAL NAME OF CEMETERY OR CREMATORY THE LOCATION 23¢ BURIAL, CREMATION, REMOVAL (SPECIFY) Md. Buria1 Gien Burnie 1-12-1987 Glen Haven Cem. M FUNERAL DIRECTOR ROBERT THE DATE REC D. WY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 SEVERNA PARK, MD. "21146 Milia Dandon Pandals (VRA 15, 4)

